

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

AHMED ELZEIN,

Plaintiff,

v.

ASCENSION GENESYS HOSPITAL,

Defendant.

Case No. 22-cv-12352

Hon. Sean F. Cox

Magistrate Judge: Curtis Ivy, Jr.

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EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 471-2021-01927	
MICHIGAN DEPARTMENT OF CIVIL RIGHTS and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MR. AHMED ELZEIN		Home Phone <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Year of Birth <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Street Address City, State and ZIP Code 7106 CEDAR BEND DRIVE, GRAND BLANC, MI 48439			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name ASCENSION GENESYS HOSPITAL		No. Employees, Members 501+	Phone No. <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Street Address City, State and ZIP Code 1 GENESYS PKWY, GRAND BLANC, MI 48439			
Name <div style="background-color: black; width: 100px; height: 1.2em;"></div>		No. Employees, Members <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Phone No. <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Street Address City, State and ZIP Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input checked="" type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 07-01-2020 12-14-2020 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): Since June 16, 2020, I have been employed by the Respondent as a Resident Physician, in the internal medicine residency program. I am the only African American in this program. During this period of discrimination, my managers, colleagues, and staff made unjustified distinctions based on my race and religion. On August 24, 2020, I was subjected to racists comments and called a 'Nigger' by a white Female, I complained to the senior manager and nothing was done. In October of 2020, I was told by a Caucasian male who witnessed me praying 'to go back where I came from. On November 11, 2020, I complained to the Program Director of Internal Medicine that I was being subjected to racial comments and not being taken serious. The Program Director of Internal Medicine stated, 'I was delusional, and unsure of what I was talking about.' In retaliation for complaining, the Program Director of Internal Medicine issued a petition to detain me at Ascension. I was ordered to report to Emergency to have a psyche examination. The Psychologist Head Program Director at Ascension advised I am completely fine and walked away. I requested legal representation, it was denied. The Program Director of Internal Medicine stated 'that we dont have time to			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Digitally signed by Ahmed Elzein on 05-12-2021 12:07 PM EDT		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

EEOC Form 5 (11/09)

<p align="center">CHARGE OF DISCRIMINATION</p> <p>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</p>	<p>Charge Presented To: Agency(ies) Charge No(s):</p> <p><input type="checkbox"/> FEPA</p> <p><input checked="" type="checkbox"/> EEOC</p> <p align="right">471-2021-01927</p>
<p align="center">MICHIGAN DEPARTMENT OF CIVIL RIGHTS and EEOC</p> <p align="center"><i>State or local Agency, if any</i></p>	
<p>wait for an attorney' and 'this is not your choice, dont make a scene or well drag you there so dont make a scene'. Fearing for my safety, I complied. No proper procedures were followed. I was taken against my will to Havenwyck Hospital, 1525 University Dr., Auburn Hills, MI 48326 without a court order, police, or proper legal action. I explained that there is nothing wrong with me, I am complaining about discrimination. I was humiliated, assaulted, and battered by hospital staff under the Program Director of Internal Medicines direction. I was strip searched and forced to change my clothes in-front of the female staff. Without any medical basis, I was then advised that I was paranoid and delusional and involuntarily being admitted to hospital. I again advised that I am fine and was told that it's not my choice. I was forced to give blood and urine samples and to undergo medical procedures also without my consent. A physician at Havenwyck, stated that there is nothing wrong with him, I dont see how he was admitted this way hes perfectly fine. The Program Director of Internal Medicine, the Social Worker and another physician issue a committal order without my acknowledgement. I was told, 'now you know what you did now you have to go in and correct what you did' I was injected with sedatives against my will. 'I again stated that I am not delusional, I was complaining of discrimination at work. I was told by another physician that 'I am not aware of my symptoms and will be issued medications and that I was having non-specific psychosis. I was forced to stay at Havenwyck where I was detained until November 17, 2020 when I am released with a return to work clearance. On November 23, 2020, I return to work, provide the clearance to the Occupational Health Physician and advised that I can report to work on November 24, 2020. After providing this clearance to the Program Director of Internal Medicine, I am informed that the Occupational Health Physician is revoking my clearance. On November 30, 2020, I was advised by the HR Manager, and the Program Director of Internal Medicine that they are aware of my admission to Havenwyck, and I was accused of not providing correct information to get clearance and that I can either go see another physician or provide the return to work note from Havenwyck. I am ordered to go to Ascension Providence Hospital in Southfield to have more intensive testing. On December 13, 2020, The Program Director of Internal Medicine received my personal medical information in violation of my right to confidentiality. On December 14, 2020, I am advised that I am not allowed to enter the hospital, you dont work here anymore, and you will be forfeiting your place in the program.</p> <p>I believe that I have been subjected to racial epithets, regarded as disabled, had my right to confidentiality violated, harassed, subjected to different terms and conditions of employment, forced to undergo a fitness for duty psychological evaluation, and discharge in retaliation for complaining on the basis of my Race, African American, my sincerely held religious beliefs-Muslim, in violation of Title VII of the Civil Rights Act of 1964 as amended and The Americans with Disabilities Act of 1990 as amended.</p>	

<p>I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.</p>	<p>NOTARY - <i>When necessary for State and Local Agency Requirements</i></p>
<p>I declare under penalty of perjury that the above is true and correct.</p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p>
<p align="center">Digitally signed by Ahmed Elzein on 05-12-2021 12:07 PM EDT</p>	<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>

EXHIBIT 1

1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF MICHIGAN
3

4 AHMED ELZEIN,

5 Plaintiff,

6 -vs-

Case No. 22-12352

7 Hon. Sean F. Cox
8

9 ASCENSION GENESYS HOSPITAL,

10 Defendant.
11

12 _____/
DEPONENT: Ahmed Elzein

13 DATE: Friday, October 6, 2023

14 TIME: 10:00 a.m.

15 LOCATION: 38701 Seven Mile Road, Suite 130,
16 Livonia, Michigan 48152

17 REPORTER: Quentina Rochelle Snowden, RPR,
18 Certified Shorthand Reporter-5519
19 and Notary Public

20 VIDEO TECH: Bailey Wellman
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<p style="text-align: right;">Page 10</p> <p>1 Q Can you please state and spell your full legal name 2 for the record? 3 A Ahmed, that's A-H-M-E-D, and last name is Elzein, 4 E-L-Z-E-I-N. 5 Q Have you ever been known by any other legal names? 6 A No. 7 Q Your date of birth is November 13th, 1992, correct? 8 A Yes. 9 Q And I'm sorry, you're probably going to have to 10 correct me on the pronunciation of this, I apologize 11 in advance, but, my understanding is you were born 12 in Khartoum, Sudan? 13 A Yes. Khartoum, yeah. 14 Q Did I pronounce that correctly? 15 A Yep. 16 Q Could you spell Khartoum for me? 17 A Yeah, K-H-A-R-T-O-U-M. 18 Q And the last four digits of your Social Security 19 number are 5017, correct? 20 A Yes. Yes. 21 (Deposition Exhibit No. 1 was marked 22 for identification.) 23 MR. WASLAWSKI: The court reporter 24 has marked this as Exhibit 1. Counsel, I will hand 25 you a copy, just bear with me.</p>	<p style="text-align: right;">Page 12</p> <p>1 Q Do you remember specifically any specific documents? 2 A Nothing specific. Just -- I was just scrolling over 3 in my Dropbox. 4 Q Other than your attorney -- 5 A Yes. 6 Q -- have you spoken with anyone today regarding 7 today's deposition? 8 A My father. 9 Q What did you say to your father? 10 A That I have a deposition today. 11 Q When did you talk to your father? 12 A Like, an hour ago. 13 Q Okay. And he obviously -- strike that. 14 Did he travel with you today to this 15 deposition? 16 A Yeah. 17 Q So, he was -- okay. 18 Is there anyone else you spoke to 19 regarding this deposition today? 20 A No. 21 Q You currently married? 22 A No. 23 Q Have you ever been married before? 24 A No. 25 Q I think I know the answer to this, but I will ask</p>
<p style="text-align: right;">Page 11</p> <p>1 BY MR. WASLAWSKI: 2 Q Have you seen this document before? And take your 3 time and review it, let me know after you've 4 reviewed it whether you've seen it before. 5 A I don't think I've seen it, but now I can -- I can 6 read it. It's okay. 7 Q Pardon? I didn't hear that, Dr. Elzein. What was 8 your answer? 9 A Yep, I think I've seen it. 10 Q Okay. So, the document instructs you to bring any 11 and all non-privileged documents which you contend 12 support, or which refute or relate to your claims 13 that have not been previously produced in discovery. 14 A Okay. 15 Q Other than the documents that you've previously 16 provided to your lawyer in connection with this 17 litigation, are there any such documents that exist, 18 to your knowledge? 19 A No. 20 Q Prior to testifying today, and in preparation for 21 your deposition today, did you review any documents? 22 A Briefly, yeah. 23 Q What documents did you review? 24 A Just overall, like, the -- the discovery documents 25 that we handed over to you guys.</p>	<p style="text-align: right;">Page 13</p> <p>1 anyways. Do you have any children? 2 A No. 3 Q Similarly, do you have any dependents? 4 A No. 5 Q Now, I understand you attended high school in the 6 United States, correct? 7 A Correct. 8 Q When did you -- and you were born in Sudan, we've 9 established that. 10 When did you first come to the 11 United States? 12 A 2003. 13 Q So, you were approximately 11 years old when you 14 came to the United States for the first time? 15 A Yes. 16 Q What was the reason you came to the United States? 17 A We got a green card, and my father moved out here 18 to, like, make a better life for -- for all of us. 19 Q When you say "We got a green card", who are you 20 referring to? 21 A Me and my family members. 22 Q And you eventually obtained citizenship, correct? 23 A Yes. Yes. 24 Q When did you obtain citizenship? 25 A 2008.</p>

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<p style="text-align: right;">Page 22</p> <p>1 medicine currently?</p> <p>2 A No.</p> <p>3 Q What is your father's cellphone number?</p> <p>4 A I got to pull -- (513) 441-4397.</p> <p>5 Q Okay. And I think I may have asked you this, I'm</p> <p>6 sorry if we're rehashing this, but, you attended</p> <p>7 medical school at the University of Khartoum in</p> <p>8 Sudan, correct?</p> <p>9 A Yes.</p> <p>10 Q And you attended medical school there from</p> <p>11 approximately 2009 through 2016, correct?</p> <p>12 A Yes.</p> <p>13 Q And you graduated from the University of Khartoum,</p> <p>14 correct?</p> <p>15 A Yes. Yes.</p> <p>16 Q And you graduated in 2016, of course?</p> <p>17 A Yeah.</p> <p>18 Q What degree or degrees did you receive in connection</p> <p>19 with your graduation?</p> <p>20 A It's called, like, an MBBS, which is equivalent to,</p> <p>21 like, an MD in the United States.</p> <p>22 Q Aside from the current lawsuit that you filed</p> <p>23 against Ascension Genesys, have you ever filed any</p> <p>24 other lawsuits while living in the United States?</p> <p>25 A No.</p>	<p style="text-align: right;">Page 24</p> <p>1 okay?</p> <p>2 A Okay. (Reviewing.) Okay.</p> <p>3 Q You reviewed the document in its entirety?</p> <p>4 A Yep.</p> <p>5 Q You've seen this document before, correct?</p> <p>6 A I did.</p> <p>7 Q In fact, if we look at the bottom left corner of the</p> <p>8 first page and the bottom left corner of the second</p> <p>9 page, you digitally signed this document, under</p> <p>10 penalty of perjury, on May 12th, 2021 at 12:07 p.m.</p> <p>11 Eastern time, correct?</p> <p>12 A Yes.</p> <p>13 Q You carefully reviewed this document before you</p> <p>14 digitally signed it under penalty of perjury on</p> <p>15 May 12th, 2021, correct?</p> <p>16 A Yep.</p> <p>17 Q And when you signed the charge under penalty of</p> <p>18 perjury, you believed the information in it was</p> <p>19 accurate, correct?</p> <p>20 A Yep.</p> <p>21 Q So, do you see, Dr. Elzein, on -- it starts on the</p> <p>22 first page. There's a section that says "The</p> <p>23 particulars are" and then there's a description of</p> <p>24 the allegations that continues on to the second</p> <p>25 page. Do you see the section I'm referring to?</p>
<p style="text-align: right;">Page 23</p> <p>1 Q Have you ever been subpoenaed as a witness in any</p> <p>2 other lawsuits?</p> <p>3 A No.</p> <p>4 Q Have you ever been -- have you ever testified in a</p> <p>5 court proceeding in any other lawsuits?</p> <p>6 A No.</p> <p>7 Q Have you ever been arrested?</p> <p>8 A No.</p> <p>9 Q Have you ever been charged with a crime?</p> <p>10 A No.</p> <p>11 Q Have you ever filed a claim for Social Security</p> <p>12 Disability benefits?</p> <p>13 A No.</p> <p>14 MR. WASLAWSKI: Please mark this as</p> <p>15 Exhibit 2. Counsel.</p> <p>16 (Deposition Exhibit No. 2 was marked</p> <p>17 for identification.)</p> <p>18 BY MR. WASLAWSKI:</p> <p>19 Q Counsel -- or excuse me, Dr. Elzein, I'd like to --</p> <p>20 you to take a look at what's been marked as</p> <p>21 Exhibit 2 in this matter.</p> <p>22 A Uh-huh.</p> <p>23 Q Please take a look -- sorry. Please take a moment</p> <p>24 to review the document, and let me know when you've</p> <p>25 finished reviewing the document in its entirety,</p>	<p style="text-align: right;">Page 25</p> <p>1 A Yeah.</p> <p>2 Q Who wrote that?</p> <p>3 A The EEOC representative.</p> <p>4 Q Based on all of the information that you conveyed to</p> <p>5 the EEOC representative, correct?</p> <p>6 A Through a phone call, yeah.</p> <p>7 Q So, if you look at the first page of Exhibit 2, Dr.</p> <p>8 Elzein, if you look at the middle of the page,</p> <p>9 there's a box that says "Dates on which the</p> <p>10 discrimination took place". Do you see that section</p> <p>11 of Exhibit 2, Dr. Elzein? It's in the middle of the</p> <p>12 page to the -- right side of the page.</p> <p>13 A This one right here?</p> <p>14 MR. WASLAWSKI: You're -- let the</p> <p>15 record reflect that Dr. Elzein is pointing to a box</p> <p>16 that says "Earliest: July 1st, 2020. Latest:</p> <p>17 December 14th, 2020."</p> <p>18 BY MR. WASLAWSKI:</p> <p>19 Q Yes, Dr. Elzein, that's what I'm referring to.</p> <p>20 A (Shook head in an affirmative manner.)</p> <p>21 Q So, the charge expressly states that it takes action</p> <p>22 with discriminatory conduct that allegedly occurred</p> <p>23 during the time periods of July 1st, 2020 through</p> <p>24 December 14th, 2020, correct?</p> <p>25 A Yep.</p>

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<p style="text-align: right;">Page 62</p> <p>1 residents -- some of the white residents are feeling 2 uncomfortable around you. Some of the white 3 residents are saying you're awkward." 4 And I told her, if -- if -- if -- 5 when I sit down and we talk about patients' names 6 and someone makes fun of a name because it's Tatiana 7 or Britiana or something -- or Lakquisha, I find 8 that very upsetting, I get angry, and I look at 9 them, and sometimes I tell them it's not cool, I 10 don't laugh at everybody when -- about -- about -- 11 about things like that. I have an ethnic name, I 12 have mom, I have a black mother, and I -- I would 13 hate anybody to speak about my mom that way. 14 And she -- she said, "You just have 15 to fit along with the people." 16 And fit along -- by fitting along, 17 she -- I did not want to fit along with that type of 18 crowd. I never wanted to be part of a group of 19 people who would taunt other people because of their 20 race, religion, or anything like that. And that's 21 when the problems started to appear with Dr. 22 Barbara. And -- and when I -- whenever I brought 23 pushback and I made complaints to her, she always 24 accused me of being sinister -- 25 BY MR. WASLAWSKI:</p>	<p style="text-align: right;">Page 64</p> <p>1 going to speak up, a weak individual. And she loved 2 that personality about me. When I came up with my 3 real personality, someone who is American, who is 4 emersed in American culture, who speaks up for -- 5 for patients, that's when -- that's when the 6 problems started to arise, when I started to say 7 that -- when I was not laughing with the other 8 residents, when I was not really kissing ass for 9 attending physicians and -- and -- and laugh about a 10 patient because she's obese and it's -- it's her 11 fault to die anyways, or a patient smokes, so if she 12 dies, she died of cancer, or if she smokes crack, I 13 should not go in and speak to her in a soft tone and 14 tell her that's not -- it's a problem, please stop 15 it. No, you should go out there and scream at her 16 as if she's a criminal. I -- I -- I -- I -- I 17 refused to do all of these things, and this is when 18 the problems started to arise. 19 And whenever I brought my concerns 20 to her about -- about that I -- I rejected all these 21 things and I'm being -- I'm being harassed by my 22 residents because I'm not acting like them, she 23 always dismissed my complaints and always accused me 24 of being kind of crazy or delusional. 25 MR. WASLAWSKI: Motion to strike as</p>
<p style="text-align: right;">Page 63</p> <p>1 Q Well, I want to -- I had a simple question. 2 MR. LASSER: Well, what are you -- 3 you interrupted him. He hasn't finished. 4 MR. WASLAWSKI: No. I move to 5 strike as non-responsive. 6 BY MR. WASLAWSKI: 7 Q Dr. Elzein, my question to you -- 8 MR. LASSER: Well, I'm going to 9 place an objection for the record, is that you 10 interrupted his answer. 11 MR. WASLAWSKI: Objection noted, 12 Counsel. 13 BY MR. WASLAWSKI: 14 Q Now, my question to you, Dr. Elzein, was with every 15 single instance where she degraded you, right? So, 16 let's unpack what you've told me so far. 17 Did she tell you that, "I wanted 18 some dirt -- I wanted some foreigner to do my dirty 19 work for me"? 20 A Never said that in specific, but -- 21 Q I just want to be clear, because a moment ago, that 22 was what you said on the record -- 23 A Right. I said -- I said during the -- during the 24 interview, I had -- I put in a specific personality, 25 for person that was foreign, a person that's not</p>	<p style="text-align: right;">Page 65</p> <p>1 non-responsive. Ms. Snowden, can you read back my 2 question for the record, please? 3 (The indicated portion of the record 4 was read back as follows: 5 "Q Now, my question to you, Dr. 6 Elzein, was with every single instance where she 7 degraded you, right? So, let's unpack what you've 8 told me so far. 9 Did she tell you that, "I wanted 10 some dirt -- I wanted some foreigner to do my dirty 11 work for me"? 12 A Never said that in specific, 13 but -- 14 Q I just want to be clear, 15 because a moment ago, that was what you said on the 16 record --") 17 BY MR. WASLAWSKI: 18 Q Okay. Well, my question was, she never told you -- 19 just listen to my question carefully. 20 Your counsel will have plenty of 21 time to ask you questions -- 22 A Okay. 23 Q -- when I'm finished. 24 A Yeah. 25 Q So, if there's things I don't ask you --</p>

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<p style="text-align: right;">Page 66</p> <p>1 A That's okay.</p> <p>2 Q -- he would be in a position to ask you. So, just</p> <p>3 listen carefully to my question, and it'll actually</p> <p>4 speed up --</p> <p>5 A Yes.</p> <p>6 Q -- how long we'll be here for.</p> <p>7 A Okay.</p> <p>8 Q Did Dr. Pawlaczyk ever tell you, "I want a foreigner</p> <p>9 to do my dirty work for me" specifically, in those</p> <p>10 terms?</p> <p>11 A She said, "Aren't you from Sudan? Aren't you</p> <p>12 Sudanese?" A couple of times. "Are you from Sudan?</p> <p>13 Did you grow up in a house where there was a -- a</p> <p>14 crammed up house in Sudan?" On multiple occasions,</p> <p>15 so --</p> <p>16 MR. WASLAWSKI: Motion to strike as</p> <p>17 non-responsive.</p> <p>18 BY MR. WASLAWSKI:</p> <p>19 Q This is simply a yes or no question.</p> <p>20 Did she ever tell you she wanted a</p> <p>21 foreigner to do her dirty work for you -- for her?</p> <p>22 A My -- by -- by word?</p> <p>23 Q In those exact words.</p> <p>24 A No.</p> <p>25 Q Okay. Now, a few minutes ago, you referenced Dr.</p>	<p style="text-align: right;">Page 68</p> <p>1 A Yes.</p> <p>2 Q And you -- it's your understanding he was previously</p> <p>3 a resident at Ascension Genesys, true?</p> <p>4 A I believe so. I think so.</p> <p>5 Q Okay.</p> <p>6 A Yeah, I'm not sure.</p> <p>7 Q And he's an African-American --</p> <p>8 A Yeah.</p> <p>9 Q -- correct? Okay.</p> <p>10 And what is the Clinical Competency</p> <p>11 Committee? Do you know what that is?</p> <p>12 A Clinical Competency Committee --</p> <p>13 Q Also known as the CCC?</p> <p>14 A I've heard about it, but I'm not sure.</p> <p>15 Q You're not sure what the CCC is?</p> <p>16 A It's a -- it's a committee of physicians.</p> <p>17 Q Yeah. And what's the role of that committee, as far</p> <p>18 as you know?</p> <p>19 A It's to determine how well you're doing. I think</p> <p>20 so.</p> <p>21 Q How well you -- "You" being, like, a pronoun for how</p> <p>22 well residents are doing within the program, true?</p> <p>23 A Yes.</p> <p>24 Q Okay. So, they assess the clinical competency of</p> <p>25 the residents who are members of the Ascension</p>
<p style="text-align: right;">Page 67</p> <p>1 Pawlaczyk told you that you were making the white</p> <p>2 residents uncomfortable?</p> <p>3 A Yes.</p> <p>4 Q Did she specifically say, "You are making the white</p> <p>5 residents uncomfortable"?</p> <p>6 A Yes.</p> <p>7 Q Okay. When did she tell you that?</p> <p>8 A Not "White residents". "You're making the</p> <p>9 residents" -- all the -- all our residents are</p> <p>10 white.</p> <p>11 Q Okay. Who is Dr. Reginald Sandy?</p> <p>12 A Dr. Reginald Sandy is a physician at the hospital.</p> <p>13 Q Okay. He's black, right?</p> <p>14 A Yeah.</p> <p>15 Q Yes or no?</p> <p>16 A His race?</p> <p>17 Q Yes.</p> <p>18 A Yeah, he is.</p> <p>19 Q Okay.</p> <p>20 A Oh, he's not resident. He's --</p> <p>21 Q No, no, no, I -- I understand. But yeah, we'll</p> <p>22 clarify for the record.</p> <p>23 Who is Dr. Reginald Sandy?</p> <p>24 A He's an attending physician in the program.</p> <p>25 Q At Ascension Genesys?</p>	<p style="text-align: right;">Page 69</p> <p>1 Genesys internal medicine residency program, true?</p> <p>2 A Yes.</p> <p>3 Q Okay. You would agree with me that you had</p> <p>4 performance problems as a resident at Ascension</p> <p>5 Genesys, right?</p> <p>6 A No. I don't agree --</p> <p>7 Q You disagree with me?</p> <p>8 A Yes.</p> <p>9 Q Okay. So, Dr. Reginald Sandy, did you ever</p> <p>10 interface with -- you interfaced with him during</p> <p>11 your time as a resident at the program, true?</p> <p>12 A Yeah.</p> <p>13 Q And he was an attending physician, so you worked</p> <p>14 under him at times, true?</p> <p>15 A Yes.</p> <p>16 Q So, you observed him performing -- providing</p> <p>17 healthcare services to others, true?</p> <p>18 A Yep.</p> <p>19 Q And likewise, he would observe you providing</p> <p>20 healthcare services to individuals, patients, at the</p> <p>21 hospital under his supervision?</p> <p>22 A Yeah.</p> <p>23 Q Okay. Are you accusing him of any unlawful acts in</p> <p>24 this lawsuit?</p> <p>25 A Unlawful? I don't know about unlawful.</p>

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1 Q Okay. Let me -- let me rephrase that just to make
2 sure we're on the same page.
3 Are you accusing him of
4 discriminating against you based on your race?
5 A Yes.
6 Q Dr. Sandy, another black individual, discriminated
7 against you, a black individual?
8 A Yes.
9 Q Okay. Does he not like members of his own race?
10 A Yes, I believe so.
11 Q What's the basis for your belief?
12 A His interactions with African-American patients.
13 Q Okay. So, you think Dr. Sandy, a black individual,
14 is racist against other black individuals?
15 A Yes.
16 Q Okay. Did he discriminate against you at all?
17 A Yes.
18 Q How so?
19 A How so? So, discriminate against me specifically --
20 usually, an attending physician when wants to make
21 an evaluation for a resident, he would talk to the
22 resident and then give you the evaluation. He would
23 speak to the -- the white residents, ask them how
24 comfortable I made them feel during their rotation,
25 and then he'll make a decision how he would evaluate

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1 me. If I made them feel comfortable, he would give
2 me a good evaluation. If I made them feel
3 uncomfortable, he would give me a bad evaluation.
4 Q Can you speak up, please? It's fine. No, you don't
5 need to repeat your answer, just -- just make sure
6 you're speaking up for the record.
7 A Yeah, I am. Yep.
8 Q So, you think -- did he say that to you?
9 A Dr. Barbara said that to me.
10 Q So, Dr. Barbara relayed something that Dr. Sandy
11 allegedly said?
12 A Yeah.
13 Q Okay. And we talked about Dr. Yarlagadda earlier,
14 correct?
15 A Yes.
16 Q Okay. And she was also a member of the Clinical
17 Competency Committee, true?
18 A Yes.
19 Q And so was Dr. Sandy, true?
20 A Yes.
21 Q And a moment ago, you said you believe -- and you
22 just described it to me, we don't need to rehash it,
23 but, you believed to me that Dr. Sandy discriminated
24 against you?
25 A Yeah. I mean, not as much as Dr. Barbara, but I

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1 think he did.
2 Q Okay. On what basis? Like, your race, your
3 national origin, your gender?
4 A Race.
5 Q Okay. Just your race?
6 A Yes.
7 Q Okay. Did he ever say anything racist to you?
8 A Did he say anything racist?
9 Q Yeah.
10 A I mean, there was someone that said this sputum
11 culture is, like, a black culture and he laughed at
12 it, so --
13 Q Could you repeat that? You spoke very fast.
14 A Oh, yeah. He said -- there's a white resident that
15 said, "I'm going to send a sputum culture" -- a
16 sputum culture is something we send out of the nose
17 or the sputum that comes out of your nose. He said,
18 "I'm going to spend it -- send a sputum culture,
19 because it's just like black culture", referring to
20 the black cultural heritage, and he laughed at it,
21 thought that was --
22 Q I don't understand. What do you mean, like,
23 something --
24 A So, sputum culture is -- usually, when you want to
25 spend a sputum culture, you -- you bring the -- the

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1 sputum out of the noes of a person, and then you
2 send it to -- like, for analysis. And then, he
3 said, "Because it's just like black culture",
4 relaying that black culture is like -- is like a
5 spit or like a sputum out of the nose of someone.
6 Q Okay. Who said that?
7 A Brandon -- Brandon Wiggins.
8 Q Dr. Sandy was a member of the Clinical Competency
9 Committee as far as you knew, true?
10 A As far as I know, yeah.
11 Q Okay. Dr. Yarlagadda is also from a foreign
12 country, true?
13 A I believe so, yep.
14 Q Okay. And like you, she completed medical school in
15 a different country, true?
16 A Uh-huh.
17 Q Okay. Are you accusing her of discriminating
18 against you at all?
19 A Everybody discriminated, but I'm going to say the
20 least out of all of them.
21 Q Everyone discriminated against you?
22 A From the Clinical Competency, I would say the most,
23 Dr. Kopek and Dr. Barbara. These are the -- the
24 leaders of the committee, and this is what everybody
25 listens to. All the other attendings have to listen

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<p style="text-align: right;">Page 90</p> <p>1 Q Dr. Elzein, I want you to take a look at what's been 2 marked as Exhibit 8 and let me know when you've 3 reviewed it. 4 A Uh-huh. (Reviewing.) 5 Q Actually, Dr. Elzein, you know what, let's set this 6 aside -- 7 A Uh-huh. 8 Q -- and we'll come back to it, because I believe 9 there is actually a page missing. So, we'll come 10 back to this really quick. 11 MR. WASLAWSKI: Actually, can we 12 take a break real quick? Is now -- now a good time? 13 THE WITNESS: Sure. Sure. 14 VIDEO TECHNICIAN: Off the record at 15 12:27 p.m. 16 (Off the record at 12:27 p.m.) 17 (Back on the record at 12:44 p.m.) 18 VIDEO TECHNICIAN: We are back on 19 the record at 12:44 p.m. 20 BY MR. LASSER: 21 Q All right, Dr. Elzein. As the videographer just 22 stated, we are back on the record. I will represent 23 to you during the record, there was a page missing 24 from Exhibit 8, which we've since corrected. You'll 25 see that it bears the Bates -- there's two sets of</p>	<p style="text-align: right;">Page 92</p> <p>1 Q Did you testify to that a few minutes ago? 2 A Yes. 3 Q Okay. 4 A Yes. 5 Q Take a look at the second page of this document. 6 Do you see where it says "CCC 7 Evaluation", it says "Needs improvement"? 8 A Yes. 9 Q Okay. And it's marked "Needs improvement", correct? 10 A Yes. 11 Q Okay. Is that your signature at the bottom of the 12 page where it says "Resident signature"? 13 A Yes. 14 Q So, you don't dispute signing this document? 15 A I probably did, if it's my -- it's my signature. 16 Q Yeah. In other words, you have no reason to believe 17 anyone forged your signature? 18 A No. No. No. 19 Q Okay. And did you review this document before you 20 signed it? 21 A Possibly -- probably, yeah. I probably did. 22 Q Because you usually review things before you sign 23 them, I presume? 24 A Yeah. 25 Q Okay. So, you agree with me that, as of at least</p>
<p style="text-align: right;">Page 91</p> <p>1 Bates numbers on this, actually. There's one set in 2 red that says "AGH Elzein 000091", is the first 3 page, and the second page is AGH Elzein 000092. And 4 also, in small font in black, it says "PLT RFP DS 5 00203", the second page is 00204. 6 Do you see those documents in front 7 of you? 8 A 00204. This one? 9 Q So, you're pointing, for the record, to Exhibit 8. 10 A Yes. 11 Q I'm referencing the numbers that I'm pointing to 12 that say "PLT RFP DS 00203", that's the first page 13 of Exhibit 8. The second page has the same prefix 14 and says "00204". 15 A Yes. 16 Q Do you see those numbers that I'm pointing to right 17 now? 18 A Yes. Yes. 19 Q Okay. That's Exhibit 8. 20 A Okay. 21 Q So, a few minutes ago -- I -- correct me if I'm 22 wrong. You disputed being informed in writing on or 23 about October 12th, 2020 that the CCC evaluated you 24 as needing improvement. 25 A Uh-huh.</p>	<p style="text-align: right;">Page 93</p> <p>1 October 12th, 2020, agents of Ascension Genesys 2 Hospital, including other members of your own race, 3 that being Dr. Reginald Sandy, a member of the CCC, 4 felt that you were not performing up to the 5 standards of your residency at which were expected 6 of you in the fall of 2020? 7 A Yes. 8 Q Okay. Now, you can set that aside, Dr. Elzein. 9 I'll take that and hand it to the court reporter so 10 we don't lose it. 11 A Yep. 12 Q At some point during the morning of November 11th, 13 2020, it's true that you made a report to security 14 that an unfamiliar person wearing a physician's coat 15 entered the resident lounge and placed an unseen 16 item into a locker; is that true? 17 A Yes. 18 Q Okay. Do you know who you reported to -- that to 19 within security? 20 A Not the name. I know of security personnel, but I'm 21 not sure -- 22 Q Okay. Do you know if she was a male or female? I'm 23 sorry, do you know if this person was a male or a 24 female? Sorry about that. 25 A On the phone or, like, the one that showed up?</p>

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<p style="text-align: right;">Page 94</p> <p>1 Q Well, yeah, that's a good question. Let me step 2 back. 3 How did you report? 4 A By the phone. 5 Q Okay. What did you say on the phone? 6 A I said that there's an individual who's not part of 7 our program. So -- who's not part of our program 8 and just entered the locker. I've never seen this 9 individual before. He's not familiar -- he's not a 10 familiar face to me. And he placed an unknown 11 object into the locker. 12 Q Okay. Did you say anything else on the phone? 13 A That's it. 14 Q Did the person in security say anything back to you? 15 A He said, "Thank you for informing us and we'll check 16 it out." 17 Q And that was the end of the phone call, I take it? 18 A Yes. 19 Q How long would you reasonably estimate that -- or if 20 you know, how long was that phone call? 21 A It was a very -- a couple of minutes. 22 Q Couple of minutes? 23 A Yeah. 24 Q Okay. Did you say anything else during the phone 25 call?</p>	<p style="text-align: right;">Page 96</p> <p>1 Q Okay. And you're, like, what, 6'1", 6'2"? 2 A Yeah, yeah, like 5'11", something like that. 3 Q Okay. Now, I know you might dispute the nature of 4 your behavior, but, are you aware that on the same 5 day -- and I'm referring to November 11th, 2020 -- 6 A Uh-huh. 7 Q -- that multiple other residents reported to Dr. 8 Pawlaczyk that you were exhibiting strange behavior? 9 A I'm not aware of that. 10 Q Okay. So, you're not aware of it. So, you don't 11 have any reason to believe it's untrue or true -- 12 A Yeah. 13 Q -- as such reports were made? 14 A I'm not true -- I'm not sure, yeah. 15 Q Okay. So, what time of day did the locker -- and 16 let me back up. 17 When security personnel reported to 18 the residents' lounge -- 19 A Yes. 20 Q -- what time of day was that, approximately? 21 A Around 9. 22 Q A.m.? 23 A Yes. 24 Q And I believe you testified a moment ago -- but 25 correct me if I'm wrong -- that they checked out the</p>
<p style="text-align: right;">Page 95</p> <p>1 A No. 2 Q Okay. What happened next? 3 A The security personnel arrived and they checked out 4 the locker. 5 Q Can I stop you real quick just so I can do this item 6 by item to make sure I don't miss anything? 7 A Yes. 8 Q How many security personnel responded? 9 A I think it was one or two, to the best of my belief. 10 One or two security officers. 11 Q So, potentially more than one, but you don't 12 remember as you sit here today? 13 A Yeah. Yeah, yeah, yeah. I think it was one or two. 14 One or two. 15 Q Okay. 16 A Yeah. 17 Q Do you remember what either of these persons looked 18 like? 19 A Yeah, I -- I remember what they looked like. 20 Q Can you describe them to me, like, their height -- 21 A I know they -- 22 Q -- race, gender? 23 A They were white -- they were Caucasian male. 24 Height, about, like -- I don't know, my -- my 25 height.</p>	<p style="text-align: right;">Page 97</p> <p>1 residents' lounge, there was no issue -- 2 A Yes. 3 Q -- that they found, and then they left? 4 A Yes. 5 Q Okay. What happened next, that you remember, during 6 that day of November 11th, 2020? 7 A I don't remember. Next, I continued to -- 8 Q Let me stop you real quick. Make sure you speak up 9 for the record. 10 A Yes. 11 Q The court reporter has been having problems hearing 12 you. 13 A Oh, I'm sorry. 14 Q And although you're mic'ed up on the video, I'm not 15 concerned about that -- 16 A Yes. 17 Q -- I just want to make sure she's getting the 18 transcript. 19 A Oh, yeah, yeah. 20 Q It's okay, I think you're just naturally a quiet 21 person. 22 A I am, yeah. I'm sorry. 23 Q It's -- no. You don't need to be sorry, it's 24 totally fine. But continue with your answer. 25 A I was -- I continued to work on my computer on a</p>

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<p style="text-align: right;">Page 98</p> <p>1 lecture, patient notes, I was working some patient 2 notes. And then, I remember being called to talk to 3 Natalia, the senior resident year -- second year. 4 Q What's Natalia's last name? 5 A Baj-Osiewicz. 6 Q Okay. We can figure out the spelling later. Do you 7 know the spelling, offhand, of that, though? 8 A It's B-A-J-something -- B-A-J, then dash, 9 O-S-W-E-I-C-K (sic). 10 MR. WASLAWSKI: Okay. Ms. Snowden, 11 let's check on -- I'll check on the spelling with 12 that later. 13 BY MR. WASLAWSKI: 14 Q So, you were called to speak with -- I'll just call 15 her Dr. Natalia, is that okay? 16 A Yeah. 17 Q Because her name is -- I'm not sure I can pronounce 18 it, frankly. 19 A Yeah. 20 Q So, you spoke to Dr. Natalia. Who -- how were you 21 called to speak with her? Like, were you paged -- 22 A No. She knocked on the door and came to the room. 23 Q Okay. 24 A Yeah. 25 Q So, she -- she came to your room?</p>	<p style="text-align: right;">Page 100</p> <p>1 These lockers are for you only, the ten interns. If 2 there's something -- if -- if you feel like there's 3 a senior or someone coming in and using your 4 lockers, please inform me." 5 And I told her that I felt 6 uncomfortable by this individual, who was not one of 7 our interns, that came and used our room and put 8 something into the locker, and I -- I informed 9 security about that. 10 Q Okay. And when you say "Interns", you're referring 11 to, like -- in other words -- 12 A First years. 13 Q -- residents? 14 A First-year residents. 15 Q Oh, first-year residents? 16 A Yeah. 17 Q I'm sorry, you -- you did say that earlier. 18 A Yeah. 19 Q So, you said that she asked you why you called 20 security, you gave her that explanation? 21 A Yes. 22 Q What happened next in your conversation? 23 A And then, she said, "Are you -- are you suffering 24 from PTSD? Do you have PTSD?" Or something like 25 that. And I said no.</p>
<p style="text-align: right;">Page 99</p> <p>1 A Yes. 2 Q And do you know what time of day that was, 3 approximately? 4 A A couple of hours after the phone call. 5 Q So, a couple hours after 9:00 a.m., so that puts us 6 in, like, the late morning of November 11th -- 7 A Yeah, yeah. 8 Q -- 2020, approximately? 9 A Yeah. Approximately. 10 Q And if you don't know, just let me know. 11 A Yeah, yeah, yeah. 12 Q It's okay. I'm not trying to, like -- you know, 13 this is not a test. I'm just -- 14 A Yeah. 15 Q -- going off your recollection. 16 What did she say to you when she 17 entered the room? 18 A She said, "Why did you call security?" 19 Q Okay. And how did you respond? 20 A I responded by -- I told her that "You know how we 21 have an intern -- intern lounge? It's only ten 22 interns that are allowed to be in that lounge." 23 And I remember how the chief 24 resident told us that "If -- if someone who's not an 25 intern uses one of these lockers, you inform me.</p>	<p style="text-align: right;">Page 101</p> <p>1 And then, she said -- so, when she 2 said -- and then, she -- I remember somewhere in 3 there, she was talking about "So, how are you, like, 4 doing overall? How are you doing?" Something like 5 that. 6 And I told her, "Frankly, honestly, 7 I'm not feeling very comfortable lately. The past 8 few weeks have been not the greatest. I don't know 9 what I did -- if I did something wrong or something, 10 but, the other day when I was praying, someone -- a 11 resident sat right next to me when there was two 12 other fellow residents and told me, Why don't you 13 just leave and get out of here and go back to where 14 you came from?" 15 And I told her that made me feel 16 upset that day. And I told her "The other day, a 17 female white Caucasian resident told -- said that my 18 nigger hurts. Instead of saying My neck hurts, they 19 said My nigger hurts." 20 And that -- that made me feel very 21 upset. And I felt like -- I felt like the overall 22 environment is -- is -- I feel like I'm being 23 singled out, I'm -- I'm being harassed, and I'm not 24 sure if there's something I did wrong, if there's 25 something I can fix about my -- if -- if there's</p>

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<p style="text-align: right;">Page 102</p> <p>1 something I did wrong that upset these residents, 2 or -- or -- or I'm doing something that's out of 3 order, if something -- there is something I can fix. 4 And she -- she just said -- I don't 5 know. She just said, like, "Ahh." I didn't get any 6 positive response to that. 7 Q When you said the go back where you came from, 8 that's the incident we talked about briefly earlier 9 during your deposition, correct? 10 A Yes. 11 Q Okay. So, there weren't two incidents where you 12 were told to go back to where you came from on 13 multiple occasions -- 14 A No. 15 Q -- it was the one incident you referenced earlier 16 that you then reported to Dr. Natalia during your 17 conversation with her on November 11th, 2020? 18 A Yes. 19 Q Okay. So, you tell her you're not feeling well, you 20 said that a white -- you reported to Dr. Natalia 21 that -- and I'm not going to use the word. You -- 22 you're -- you can certainly use it, but I'm just not 23 comfortable. 24 Someone said, "My N-word hurts"? 25 A Yeah.</p>	<p style="text-align: right;">Page 104</p> <p>1 up -- I'm not sure how long it took. Like, a couple 2 of minutes. 3 Q Less than 10 minutes? 4 A Definitely -- definitely less than ten minutes. 5 Q Okay. What happened next that you recall? 6 A I think she said -- 7 Q Hold on, who -- we just -- 8 A Oh, Natalia. 9 Q Okay. 10 A Yes. 11 Q So, start -- so Natalia -- Dr. Natalia leaves? 12 A Yes. 13 Q What happens next? 14 A So, I get out of that room. So, there's two 15 lounges; there's a resident lounge for second and 16 third years, and there's a lounge for the first-year 17 intern lounge, but I stayed at the second and third 18 resident lounge, and I started working on my 19 computer on some patient notes. And after that, 20 Natalia told me that she spoke to the program 21 director and the program director wants to speak to 22 me on the phone. 23 Q Okay. So, I think you might have skipped over some 24 things, but I think I can gather what you skipped 25 over.</p>
<p style="text-align: right;">Page 103</p> <p>1 Q And then, you also reported to her about the comment 2 that was made to you about going back to your 3 country? 4 A Yes. 5 Q Okay. So, what happened next? 6 A She didn't say anything. She said, "Oh, wow. 7 Really?" 8 Like, as if you're talking to a 9 child. Like, you're -- you're making something up 10 -- like -- it felt like -- like I was -- I was, 11 like, a child, like, she was like, "Oh, wow. 12 Really?" 13 She said that "Oh, here in this 14 hospital?" 15 And I'm just like, "Yes." 16 And she's like, "Okay, sure. 17 Whatever. I'll -- I -- I got to go. I got to get 18 out the room", or something, "I got to go." 19 And that was the end of the 20 conversation. 21 Q How long would you estimate that conversation took? 22 A A couple -- couple of minutes. Like, three, 23 four minutes. 24 Q It was only three, four minutes? 25 A I mean, it was -- it was a -- that's when I opened</p>	<p style="text-align: right;">Page 105</p> <p>1 At some point, Dr. Natalia -- where 2 you left off a minute ago -- left? 3 A Uh-huh. 4 Q And then, she came back? 5 A She never -- she didn't -- so -- 6 Q Because you -- you just testified you communicated 7 with her following your -- your little meeting with 8 her when you were in the second -- 9 A Yeah. So -- so -- so, we -- we have a lounge, like 10 I said. 11 Q Okay. 12 A It's, like, a big lounge, and then it has rooms 13 inside of it. So, we were -- we were in a private 14 room when we were speaking, me and Natalia. So, 15 like, this type of room. And then, there's a lounge 16 where everybody sits, like -- like this hallway, for 17 example. 18 I went out to the hallway. We both 19 left the room. And then, there's another private 20 room. So, there's two -- two private rooms. 21 There's, like, two private rooms inside of the 22 lounge people where people work at, like, on the 23 computer. And then, that one, there's -- that's, 24 like -- it has a bed for, like, night flow. 25 So she left, and I was in the</p>

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<p style="text-align: right;">Page 106</p> <p>1 resident lounge, and she told me that -- she went 2 into the other room to talk on the phone. And she 3 told me that Dr. Pawlaczyk, the program director, 4 wants to speak to me on the phone. 5 Q Yeah. I'm just confused. How did -- does she 6 return to you, or did she call you, because -- 7 A Yeah, she returned to the -- like, the resident 8 lounge. 9 Q Okay. 10 A Yeah. Yeah. 11 Q So, she leaves, then returns -- you leave, you go to 12 a new lounge, she -- 13 A The same lounge, yeah. 14 Q The same lounge, and then she returns? 15 A Yes. 16 Q And says, "Dr. Pawlaczyk wants to speak with you"? 17 A Yes. 18 Q I have that right? 19 A Yes. 20 Q Okay. What happened next? 21 A So, I picked up the phone and I say, "Hello." 22 She said, "Hello." She said -- 23 Q Hold on. She -- you got -- I just -- the pronouns 24 is going to be confusing for the record. 25 You pick up the phone and you were</p>	<p style="text-align: right;">Page 108</p> <p>1 Q Okay. 2 A Yes. 3 Q And just to be very clear so we have a clear record, 4 was there anything else you specifically cited, 5 aside from the "My N-word hurts" -- 6 A Uh-huh. 7 Q -- and number two, "Go back to where you came 8 from" -- 9 A Yes. 10 Q -- at that time? 11 What else did you specifically tell 12 Dr. Pawlaczyk that you recall? 13 A I can't recall saying anything else. I was just 14 being -- I said I was being singled out and being 15 harassed -- 16 Q Okay. 17 A -- and I feel uncomfortable. 18 Q So, let me -- let me -- unpack this to make sure -- 19 A Yes. 20 Q -- I'm understanding you right. 21 A Yes. 22 Q You generally complained that you're being harassed 23 and singled out? 24 A Yes. 25 Q You generally say that --</p>
<p style="text-align: right;">Page 107</p> <p>1 speaking to Dr. Pawlaczyk? 2 A Yes. 3 Q Okay. I'm sorry. I just want a clear record. I 4 don't mean to be rude or -- 5 A No, no, no, that's fine. 6 I said "Hello." 7 She said, "Ahmed, what's going on?" 8 And I said, "Nothing." I just said 9 -- I told her that I was -- I was telling Natalia 10 about how I was being harassed and I was being 11 singled out by the residents, and if there's 12 something about my personality or just something I 13 did wrong to anybody that I can fix, and I'm not 14 sure why I'm being -- I'm being told these very, 15 like, bad things about my -- my race, my -- my 16 culture, all of that stuff. And -- 17 Q Can I stop you real quick, just to make sure I 18 understand what you're saying? 19 A Yes. 20 Q When you said to Dr. Pawlaczyk, "I'm being 21 harassed" -- 22 A Yes. 23 Q -- did you describe the same two incidents that you 24 identified to Dr. Natalia? 25 A Yes.</p>	<p style="text-align: right;">Page 109</p> <p>1 A Yes. 2 Q -- like, "I'm being harassed, I'm being singled 3 out"? 4 A Yes. 5 Q But then, you specifically asserted that a white 6 female resident says, "My N-word hurts", except she 7 used the actual word? 8 A Yeah. 9 Q And then, you also said, "Another resident told me 10 to go back where I came from"? 11 A Yes. 12 Q So, you -- we have a general complaint -- 13 A Yes. 14 Q -- a specific complaint number one -- 15 A Yes. 16 Q -- and a specific complaint number two -- 17 A Yeah. 18 Q -- for three complaints you made to Dr. Pawlaczyk? 19 A Generally -- generally, yeah. Yes. 20 Q Is there anything else you specifically recall, as 21 you sit here today, that you complained about 22 specifically to Dr. Pawlaczyk on the phone on 23 November 11th of 2020? 24 A I can't recall, to the best of my knowledge. 25 Q Is there anything you believe that could refresh</p>

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<p style="text-align: right;">Page 118</p> <p>1 ultimately, as part of your continuing medical 2 education as a resident, you're going to be put into 3 difficult situations in which you are expected to 4 provide patient -- a high level of patient care in 5 stressful situations; is that accurate? 6 A Yeah. 7 Q And Dr. Dolehanty was trying to train you for those 8 situations during that incident, correct? 9 A Possibly, yeah. 10 Q So, have we fully discussed the circumstances, from 11 start to finish, of the November 10th, 2020 12 interactions between you and Dr. Dolehanty -- 13 A Yes. 14 Q -- regarding -- regarding the combative and 15 psychotic patient? 16 A Yeah. 17 Q Okay. There's nothing else that happened? 18 A No. 19 Q Okay. So, let's go back to November 11th now -- 20 A Yeah. 21 Q -- fast forward back to where we left off. 22 A Yes. 23 Q You had a phone -- following your -- your meeting 24 with Dr. Natalia in which you complained about a 25 person saying, "My N-word hurts" and "Go back to</p>	<p style="text-align: right;">Page 120</p> <p>1 And I said -- I gave her my reasons, 2 but she was not very -- she didn't take that very 3 well. And then, it turned into, "Why did you call 4 security?" 5 I felt like I was being accused of 6 things at that time. 7 Q Okay. So, you made the -- sorry, I -- I was 8 confused. 9 You made the three complaints to her 10 at that point in time? 11 A Yes. 12 Q And then, she -- you weren't complaining about the 13 November 10th, 2020 -- 14 A No. 15 Q -- Dr. Dolehanty, that's just something she brought 16 up to you? 17 A Yes. 18 Q Okay. Let's go back to Exhibit 2, please, Doctor. 19 I'm going to hand it to you. This is the -- I have 20 it. I will take that exhibit, though, so it doesn't 21 get lost in the shuffle, so to speak. 22 A Yes. 23 Q So, if you could turn to the first page of 24 Exhibit 2. If you look, it's actually 25 highlighted --</p>
<p style="text-align: right;">Page 119</p> <p>1 where you came from", you then spoke to Dr. 2 Pawlaczyk via phone? 3 A Yes. 4 Q And during that phone call, you generally complained 5 that you were harassed and discriminated against? 6 A Yes. 7 Q And you repeated the two complaints you made to Dr. 8 Natalia; one being "My N-word hurts" by a white 9 female resident, as well as to go back to where you 10 came from? 11 A Yes. 12 Q And then, you also relayed the November 10th, 13 2020 -- 14 A She -- she's the one who relayed that part. 15 Q Oh, she brought that up? 16 A Yes. 17 Q Okay. Well, tell me what she said about it. 18 A So, she said -- first, she was kind of upset and 19 angry. She's like, "Why did you not see that 20 patient yesterday?" 21 And -- and it was more, like, why 22 did you -- accuse -- accusing me of kind of, like, 23 being too careful or something. She's like, "Why -- 24 why did you just suddenly decide not to see that 25 patient?"</p>	<p style="text-align: right;">Page 121</p> <p>1 A Uh-huh. 2 Q -- the sentence I want to refer you to. 3 This says, "On November 11th, 2020, 4 I complained to the program director of internal 5 medicine that I was being subjected to racial 6 comments and not being taken serious." 7 A Yes. 8 Q Do you see where it says that? 9 A Yep. 10 Q We just talked about that, right? 11 A Yeah. 12 Q We've covered what you complained to her about on 13 November 11th of 2020, true? 14 A Most -- most stuff, I can't remember. The things 15 that I remember, yeah. 16 Q Everything you can remember -- 17 A Yeah. 18 Q -- we -- we -- you testified to at this point, 19 right? 20 A Yeah, yeah, yeah. 21 Q Okay. Is that the first -- that's the first time, 22 according to your charge of discrimination, you 23 complained to the program manager, that being -- 24 sorry, program director Dr. Pawlaczyk, correct? 25 A No. I complained to her previously.</p>

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<p style="text-align: right;">Page 126</p> <p>1 discrimination?</p> <p>2 A Yes.</p> <p>3 Q Your October 4th or October 5th, whatever date it</p> <p>4 was, was more of a generalized complaint of being</p> <p>5 excluded?</p> <p>6 A Yes.</p> <p>7 Q Okay.</p> <p>8 A Yes.</p> <p>9 Q Did you say anything else, during that October 4th</p> <p>10 or October 5th meeting with Dr. Pawlaczyk, regarding</p> <p>11 your complaint?</p> <p>12 A Nothing specific. I was too scared to do that.</p> <p>13 Q And what did she say in response to your complaint</p> <p>14 on October 5th or October -- sorry, strike that --</p> <p>15 October 4th or October 5th?</p> <p>16 A She brushed it off, left the room.</p> <p>17 Q Okay. She just walked out silently?</p> <p>18 A Yeah. Dr. Yarlagadda sat down and she said -- I</p> <p>19 don't know, she just -- she just said "Okay." And</p> <p>20 she just left the room.</p> <p>21 Q Okay. So, just to be clear, the big day -- the big</p> <p>22 day in terms of complaint, specific instances of</p> <p>23 discriminatory conduct, was November 11th of 2020?</p> <p>24 A Yes.</p> <p>25 Q Okay. So, staying with the -- let me back up.</p>	<p style="text-align: right;">Page 128</p> <p>1 BY MR. WASLAWSKI:</p> <p>2 Q What did you say in response?</p> <p>3 A I said, "Okay, if that's what you want me to do."</p> <p>4 Q And you said "Okay"?</p> <p>5 A Yep.</p> <p>6 Q Then, what happened next?</p> <p>7 A She said, "I also want you to talk to the</p> <p>8 psychologist at the hospital."</p> <p>9 Q Did she identify a psychologist by name?</p> <p>10 A She -- she said -- she didn't. She did not, at that</p> <p>11 point.</p> <p>12 Q How many psychologists were there that you're aware</p> <p>13 of?</p> <p>14 A I know one. I know one.</p> <p>15 Q Okay. Is this the psychologist she was referring</p> <p>16 to, as far as you can gather?</p> <p>17 A I think so.</p> <p>18 Q What's his name?</p> <p>19 A Kirkpatrick.</p> <p>20 Q Kirkpatrick?</p> <p>21 A Her -- her name, Kirkpatrick.</p> <p>22 Q So, she says I think -- "She" being Dr. Pawlaczyk</p> <p>23 says, "I think you need to see the psychologist"?</p> <p>24 A Yep.</p> <p>25 Q What happened next?</p>
<p style="text-align: right;">Page 127</p> <p>1 This conversation you're having with</p> <p>2 Dr. Pawlaczyk on November 11th of 2020 --</p> <p>3 A Uh-huh.</p> <p>4 Q -- in which you complained to her about the racial</p> <p>5 comments we just discussed --</p> <p>6 A Uh-huh.</p> <p>7 Q -- do you have any recordings of that meeting?</p> <p>8 A No.</p> <p>9 Q Okay. Other than what you've provided to your</p> <p>10 attorney, do you have any notes or, like, diary</p> <p>11 entries regarding that meeting, whether in</p> <p>12 electronic or hard copy format?</p> <p>13 A No.</p> <p>14 Q Okay. So, as far as you can remember, you give --</p> <p>15 and I think you complained of -- you make the racial</p> <p>16 comments complaint to Dr. Pawlaczyk on</p> <p>17 November 11th, 2020. What does she say in response,</p> <p>18 if anything?</p> <p>19 A She said, "I think you need to take to the -- the</p> <p>20 next day off. I need to -- I think you need to take</p> <p>21 the next day off" --</p> <p>22 MR. LASSER: I'm sorry, what's that?</p> <p>23 THE WITNESS: "I think you need to</p> <p>24 take the next day off. Don't come to work</p> <p>25 tomorrow."</p>	<p style="text-align: right;">Page 129</p> <p>1 A The -- Dr. Kirkpatrick, she texted me on the -- my</p> <p>2 phone. She said that Dr. Barbara asked her to speak</p> <p>3 to me, and -- and she would be giving me a call, and</p> <p>4 I said "Okay." I agreed.</p> <p>5 Q Okay. So, you agreed to meet with the psychologist?</p> <p>6 A On phone, yeah.</p> <p>7 Q On the phone?</p> <p>8 A Yeah.</p> <p>9 Q Okay. So, did you talk to -- what happened next?</p> <p>10 A At that point, I said I needed -- I needed, like, a</p> <p>11 couple of minutes to -- to give her a call back.</p> <p>12 And I was just trying to process everything that I</p> <p>13 -- I just came in with a complaint of racial</p> <p>14 harassment and now I'm thinking I'm being portrayed</p> <p>15 as psychotic or psychiatrist -- psychologically</p> <p>16 abnormal. So, I kind of, like -- I'm trying to</p> <p>17 process -- I was trying to process what was going</p> <p>18 on. And I told -- I told the senior -- the chief</p> <p>19 resident, "I'm going to go to my car just to listen</p> <p>20 to some music and just take a breath -- breath of</p> <p>21 fresh air."</p> <p>22 Q Sorry, who is the chief resident?</p> <p>23 A Dr. Ashok (ph).</p> <p>24 Q Ashok?</p> <p>25 A Yeah.</p>

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<p style="text-align: right;">Page 130</p> <p>1 Q Okay. So, you tell -- where was Dr. Ashok in all of 2 this? And did you walk somewhere else and tell him 3 that? 4 A No. He was in the lounge. 5 Q He was in the lounge? Okay. 6 A Yeah. Yep. 7 Q Okay. So, what happened; did you go to your car? 8 A Yeah. 9 Q And what happened next? 10 A I sat in my car. I was charging my phone, just 11 listening to some music and just, like, relaxing. 12 And then, two residents came to my car. 13 Q Who were they? 14 A One was by the name of Laura, Laura Gindy (ph), and 15 the other was Kanksha Peddi. 16 Q Okay. What happened when they approached your car? 17 A I rolled down my window and I said "Hi." 18 They said, "What are you doing? Are 19 you going home or something?" 20 And I said -- I was like, "No, I'm 21 just -- just taking -- taking a break, taking a 22 breath of fresh air." 23 And they said, "Hey, come inside 24 with us. Let's go get something to eat." 25 Then, I was like, "Okay."</p>	<p style="text-align: right;">Page 132</p> <p>1 they said, "Let's go eat together" and I was like, 2 okay, why are they -- why are they leaving right 3 now? 4 But they left and it was just me, 5 Dr. Barbara, and -- and Natalia. 6 Q Okay. 7 A And I got my smoothie, and she said, "Let's sit down 8 at the" -- 9 Q Who is "She"? 10 A I -- I -- I got my smoothie from the -- from the -- 11 from the -- from, like, the -- from the cafeteria. 12 Q Okay. 13 A And Dr. Barbara said, "Let's sit down and talk for a 14 little bit." 15 Which I said, "Okay." 16 And -- at a table. And while we're 17 sitting down and talking -- oh, I -- I -- this is a 18 -- there's a part I have to -- when I was talking to 19 Natalia earlier in the room, I told her that I have 20 a -- I have a video recording of some of the 21 harassment that I -- I received during -- when I was 22 at the hospital. And I think that made everybody 23 feel very scared or something. 24 And I -- I'm not sure, but when we 25 were sitting down, it was me, Dr. Barbara, and</p>
<p style="text-align: right;">Page 131</p> <p>1 And I left my car, and I -- I 2 followed them to -- to go into the hospital. And 3 then, that's where I meet Natalia at the front -- 4 the front of the hospital at the gate, almost at the 5 front of the door, and she said also the same thing, 6 "Where did you think you were going?" 7 And I was like, "I was just going to 8 sit in my car." 9 And she's like, "Yes. Let's go back 10 inside into the hospital." 11 I was like, "Okay. Let's go." 12 And I went to -- they said, "Do you 13 want to get -- let's get something to eat." 14 And I was like, "Okay, I'll go get 15 something, like a smoothie or something." 16 And I was standing to get a 17 smoothie. It was me, her, and the three of them. 18 And while we were waiting to get my smoothie, Dr. 19 Barbara came, like, she arrived. I don't -- I don't 20 know if she was there or what she was -- she came to 21 the cafeteria. 22 And then, that's when, slowly, the 23 -- Kanksha and Laura, who came to me originally at 24 the car, left. The -- they left and went upstairs. 25 She made me feel a little bit, like, weird, because</p>	<p style="text-align: right;">Page 133</p> <p>1 Natalia -- 2 Q Okay. Can I stop you real quick? We're going to 3 revisit this. It's just a long explanation. 4 A Yes. 5 Q So, we'll -- just to be clear for the record, you 6 sat down with them, that's where we're leaving off? 7 A Yes. 8 Q Did you retain a copy of that recording that you 9 told Dr. Natalia about? 10 A I don't have it. I was just trying to say that 11 because no one was taking me seriously. 12 Q Oh, so you didn't have a recording -- 13 A Yeah. 14 Q -- you just said that? 15 A I just said that, because I wanted Natalia to -- and 16 Dr. Barbara to -- to actually believe my story. 17 Q Okay. So, that was untrue, though? 18 A It was untrue. 19 Q Okay. Now, you mentioned to me -- it was a moment 20 ago -- a few minutes ago during your testimony, the 21 two residents who went out to your car -- 22 A Yeah. 23 Q -- I think Laura was one of them? 24 A And Kanksha. 25 Q And Kanksha; did I say that correctly?</p>

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<p style="text-align: right;">Page 134</p> <p>1 A Yeah.</p> <p>2 Q Okay. Were they first-year residents as well?</p> <p>3 A Yes.</p> <p>4 Q And Kanksha, like you, is a foreign national, true?</p> <p>5 A Yes.</p> <p>6 Q Okay. Were you friends with them?</p> <p>7 A I was really -- I -- just professional.</p> <p>8 Professionally workmates, I guess.</p> <p>9 Q You got along with them?</p> <p>10 A Kind of, yeah. I mean, I was -- I was being singled</p> <p>11 out a lot by the program at the end of my period</p> <p>12 down there, so not a lot of people were allowed to</p> <p>13 hang out with me. I would say that.</p> <p>14 Q Well, who didn't allow them to hang out with you?</p> <p>15 A The chief resident. The chief resident. The chief</p> <p>16 resident wouldn't -- like, they -- they didn't allow</p> <p>17 everybody to -- to hang out.</p> <p>18 Q The chief resident implemented some sort of rule</p> <p>19 prohibiting --</p> <p>20 A Yeah, I mean, if -- if you --</p> <p>21 Q Hold on. Let me finish my question.</p> <p>22 A Absolutely, yeah.</p> <p>23 Q How did the chief resident prohibit other first-year</p> <p>24 residents from hanging out with you?</p> <p>25 A Basically by me not being in the rotations, by me</p>	<p style="text-align: right;">Page 136</p> <p>1 A Uh-huh.</p> <p>2 Q -- they ever say anything discriminatory to you?</p> <p>3 A They were there when discriminatory actions would</p> <p>4 happen and they didn't do anything about it.</p> <p>5 Q Okay. But they didn't say anything to you?</p> <p>6 A Not in specific, no.</p> <p>7 Q Okay. So, where we left off a moment ago when you</p> <p>8 gave a very long, detailed explanation was, you were</p> <p>9 sitting down. You got your smoothie --</p> <p>10 A Yep.</p> <p>11 Q -- and you were sitting down with Dr. Pawlaczyk and</p> <p>12 Dr. Natalia; is that accurate?</p> <p>13 A Yes.</p> <p>14 Q What happened next when you --</p> <p>15 A So --</p> <p>16 Q -- while you were sitting down?</p> <p>17 A -- when I was sitting down, my phone was in front of</p> <p>18 me, like, right here. And I was talking. And</p> <p>19 Natalia grabs my phone and walks away with it.</p> <p>20 Q Okay.</p> <p>21 A She leaves the -- She leaves the table where me and</p> <p>22 Dr. Barbara are speaking. I -- I saw that the phone</p> <p>23 wasn't there, I just didn't say anything about it.</p> <p>24 I didn't understand what was going on. And after a</p> <p>25 couple of minutes, Dr. Barbara waves to Natalia to</p>
<p style="text-align: right;">Page 135</p> <p>1 not being in the same rotations that the other</p> <p>2 interns were on. Like, when Dr. Barbara implemented</p> <p>3 that plan she had, or the remediation plan that it</p> <p>4 was never sent to my e-mail, it -- it singled me</p> <p>5 out. I was always in the clinic while all the</p> <p>6 interns were at the hospital. So, we didn't really</p> <p>7 have a relationship.</p> <p>8 Q Okay. So, as part of your remediation plan when</p> <p>9 your -- when your schedule was shifted for a</p> <p>10 ten-week period --</p> <p>11 A Yeah.</p> <p>12 Q -- you're saying your interaction with the residents</p> <p>13 were less frequent --</p> <p>14 A Very -- very --</p> <p>15 Q -- than they were previously?</p> <p>16 A Yes.</p> <p>17 Q But there wasn't any sort of rule saying, hey,</p> <p>18 first-year residents, you're not allowed to hang out</p> <p>19 with Dr. Elzein?</p> <p>20 A No, no. No, no, no.</p> <p>21 Q Okay. I just want to make sure we --</p> <p>22 A No.</p> <p>23 Q -- have that clear for the record.</p> <p>24 A No. No. No.</p> <p>25 Q Okay. Laura and Kanksha --</p>	<p style="text-align: right;">Page 137</p> <p>1 come back and give me my phone back.</p> <p>2 Q Okay.</p> <p>3 A She gives me my phone back, and --</p> <p>4 Q Do you know why she took your phone?</p> <p>5 A I think I do. I think it's because I said that I</p> <p>6 have some recordings of some of the harassments that</p> <p>7 were going on.</p> <p>8 Q So, what do you think she -- why do you think she</p> <p>9 took your phone though? Like, what was she going to</p> <p>10 do with it, as far as you knew?</p> <p>11 A I don't -- I don't know. I don't know. If you're</p> <p>12 sitting down somewhere and someone takes your phone,</p> <p>13 you just feel suspicious about -- I mean, I'm not</p> <p>14 sure. I'm not sure why she took my phone.</p> <p>15 Q You're not sure why she took your phone?</p> <p>16 A No.</p> <p>17 Q You're just speculating that because you had</p> <p>18 mentioned there was a video on your phone, you think</p> <p>19 she took your phone?</p> <p>20 A Yeah.</p> <p>21 Q Okay. You had a passcode on your phone, I presume,</p> <p>22 right?</p> <p>23 A Of course.</p> <p>24 Q You had an iPhone, right?</p> <p>25 A Of course.</p>

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<p style="text-align: right;">Page 138</p> <p>1 Q Yeah. So, you weren't concerned about her going 2 through your phone, because she couldn't, unless she 3 knew your passcode? 4 A Of course I didn't. Yeah. Yeah. 5 Q So, a few minutes later, you testified -- sorry. 6 You testified a moment ago that a 7 few minutes later -- 8 A Uh-huh. 9 Q -- Dr. Natalia returned with your phone? 10 A Yeah. 11 Q Okay. While she was gone with your phone, did you 12 and Dr. Pawlaczyk talk about anything; did you just 13 drink your smoothie? Tell me what happened. 14 A I can't remember the subject of the conversation. 15 She was -- I don't remember the -- like, I was -- I 16 was too focused on, like -- I've never seen someone, 17 like, take my phone off my -- in front of me like 18 that. And I was just wondering if she was going to 19 do anything about it. I didn't -- I wasn't 20 listening to anything she was saying to me at that 21 point. 22 Q So you zoned out, in other words? 23 A Yeah, I was just looking. I was like, am I going to 24 get my phone back, or what's going on right now? 25 Q Did you -- when Dr. Natalia take your phone, did you</p>	<p style="text-align: right;">Page 140</p> <p>1 things take a wrong turn. She says, "I'm mad. I 2 think you're not thinking -- I don't think you're 3 thinking right." 4 Q "She" being Dr. Barbara -- 5 A Dr. Barbara. 6 Q -- Pawlaczyk. Okay. Sorry. Go ahead. 7 A Dr. Barbara said that "I -- I don't think you're 8 thinking right." 9 And Natalia was -- was there, I 10 believe, in the chair at the table. And I told her, 11 "Why do you think I'm not thinking right?" 12 She said, "Because of the fact that 13 you called security and the -- the fact that you" -- 14 something like that. I can't remember what she said 15 after that. 16 I -- I explained to her -- I told 17 her, "I called security because of the ongoing 18 harassment that I've been feeling from the 19 residents. This was an individual I've never seen 20 before. I felt uncomfortable, and I think it's -- 21 the security did not have any problem with me 22 calling them, and they thanked me for being 23 proactive. And I don't -- I don't see there's 24 anything wrong with me." 25 And then, she kept on insisting,</p>
<p style="text-align: right;">Page 139</p> <p>1 say, "Hey, why are you taking my phone?" 2 A I was scared. 3 Q How big is Dr. Natalia? 4 A I don't know. Like, she's -- I'm not sure. 5'7", 5 5'6", I guess. 6 Q Okay. So, when she returned with your phone, Doctor 7 -- when Dr. Natalia returned with your phone, what 8 happened next? 9 A Dr. Natalia -- after Dr. Barbara waved Dr. Natalia 10 to bring back my phone, I felt a little bit more 11 comfortable that the -- 12 Q Slow -- slow down a little bit. 13 A Sorry. 14 Q It's okay. 15 A When -- when Dr. Barbara called Natalia to bring 16 back my phone, I felt like -- I felt more 17 comfortable that there wasn't any ill-intention, 18 that Dr. Barbara wasn't really trying to harm me or 19 do anything that's bad. That's why I was like, 20 okay, even if Natalia or the residents -- Natalia 21 took my phone, which is obviously something that's 22 wrong and not right, and Dr. Barbara stopped it. 23 So, I feel like -- I started to -- to gain a little 24 bit more trust into the meeting with Dr. Barbara. 25 And after that, unfortunately,</p>	<p style="text-align: right;">Page 141</p> <p>1 "No, I think you -- you're not thinking right. 2 You're not okay. You're not the same Ahmed I know 3 from when I -- when I did my interview with you on 4 the phone. You're not the same guy." 5 And I told her, "This is -- this is 6 how I am. I'm -- I'm naturally like this. And if I 7 feel welcome and I feel in a -- in a very positive 8 environment, I'm a very nice and amazing person, but 9 when I feel unwelcome, I feel uncomfortable, and I 10 get -- sometimes, I -- I do -- I become proactive." 11 And she said -- and I told her that 12 I've been -- I did everything possible, all my 13 patients like me. All my patient reviews have been 14 stellar. And I showed her my reviews, and -- and 15 she -- 16 Q How do you show her reviews in the cafeteria? 17 A Not in the -- I was just telling her about my 18 reviews about my patients. But I told her, like -- 19 I showed her instances where patients were thanking 20 me and, like, stuff like that. I was like, 21 "Everybody in the hospital thinks I'm -- I'm a great 22 person. I don't know why the residents are treating 23 me this way." 24 And she said -- I remember 25 specifically she said, "Not all your patients."</p>

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<p style="text-align: right;">Page 142</p> <p>1 And I said -- I said, "At least most 2 of my patients thought I was -- I was, like, a good 3 person." 4 And -- because I felt like I was 5 going to be punished at that point -- a point of 6 time. I felt like I was going to be punished. And 7 she said, "No, you -- not all your patients. And 8 you're just not the same person that I -- I -- I 9 talked to on the phone." 10 And I said "Okay." 11 At that point, she told me, "I want 12 you to go -- I need you to go to the emergency room 13 right now to get checked out for -- for 14 psychological issues", or something like that. 15 And I told her, "I don't believe I 16 need to go to -- I don't want to go to the emergency 17 room to get checked out. I'm completely fine. This 18 is my first day opening up to you guys. This is my 19 natural personality. When I get harassed, I get 20 emotional and I express my emotions and I tell you 21 how I really feel. There's really nothing wrong 22 with me at all. I'm completely fine. I'm just 23 complaining to you about harassment and I -- I'm not 24 being taken seriously. That's why I'm -- I'm 25 feeling little bit frustrated."</p>	<p style="text-align: right;">Page 144</p> <p>1 Q Okay. So -- sorry, I interrupted you, but I just 2 wanted to make sure, because that was going to 3 confuse me. 4 A Yes. 5 Q What happened after Dr. Mark Vogel sat down with you 6 at the table? 7 A After that, Mark Vogel sat down with me at the 8 table, he said, "Hey, Ahmed. Did we meet before or 9 anything like that?" 10 I was, like, I think, briefly, in a 11 meeting through, like, the video meeting or 12 something like that. And he said -- he said, "So, 13 what's going on?" 14 I said -- I told him, "There's 15 really nothing going on. I just complained about 16 racial harassment to my -- to Dr. Barbara. She's 17 not taking it seriously. But I was like, okay, 18 there's no problem there, but now, she's telling me 19 to go to this -- to the emergency department, and I 20 -- I feel completely fine." 21 And he said -- and he told -- and I 22 told him that I -- I'll -- I'm trying to be -- I'm 23 not trying to be someone that's disrespectful or 24 anything to her -- to her or anything, but I told 25 her that if she needs me to go to the emergency</p>
<p style="text-align: right;">Page 143</p> <p>1 She said, "No. No, I don't believe 2 that. I think you're psychologically not right. I 3 want you to go to the emergency room immediately." 4 And I felt like I was being 5 punished. But then, I was like, "Okay, you know, 6 Dr. Barbara, I'm not going to argue with you. You 7 are my program director, and if you really want me 8 to go to the emergency room, I need you to give me a 9 clinical indication and have a psychologist write me 10 a report indicating I need to go to the emergency 11 room." 12 And she said, "You know what, okay. 13 I'm going to get" -- she said "Okay", she walked 14 away. She called the psychologist, who came and sat 15 down, and he said, "Hey, how are" -- 16 Q Hold on. 17 So, earlier, you referenced a female 18 psychologist, but this was a male psychologist -- 19 A This was another psych -- a male psychologist. 20 Q What's his name? 21 A Dr. Mark Vogel. He's the head of psychology. 22 Q Okay. 23 A He's the head of department -- 24 Q Dr. Mark Vogel joins you guys at the table? 25 A Yes.</p>	<p style="text-align: right;">Page 145</p> <p>1 department, I need her to give me, like, a 2 psychological report indicating that I'm 3 psychologically in need of psych services at the ED. 4 He looked at me and he said, "You 5 know what, I'm not going to write that report. I 6 don't think you -- you need to be going to the 7 emergency department. And I'm not going to write 8 that report for you to go to the emergency 9 department. Have a good day." 10 And he leaves. He gets -- he get up 11 -- he gets up to -- to the chair, he leave. Dr. 12 Barbara walks -- chases behind him again, tries to 13 get him to come back and speak to me. He brushes 14 her off. He says, "I'm not doing this. I'm not 15 going to -- I'm not going to be a part of this." 16 And he leaves and he walks away. 17 And when I saw that -- I saw that, I started getting 18 a little bit uncomfortable, because this was head 19 psychology of the department and he said I did not 20 need it. 21 She came back to me and she said, 22 "There's no psychology report and you still have to 23 go to the emergency department." 24 And at that point, I'm starting to 25 feel like -- I feel a little bit uncomfortable. I</p>

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<p style="text-align: right;">Page 146</p> <p>1 tell her, "But the psychologist just said I don't 2 need to go to the emergency department. I'm telling 3 you I'm feeling completely fine. Why -- why -- why 4 are you insisting on me to go to the emergency 5 department? I really don't want to go. Please let 6 me go." 7 And I even had -- I tear up at that 8 point and I was like, "Just please -- please leave 9 me alone. Please let me get out of the hospital. I 10 just want to go back home. I just want to sleep. I 11 did not do anything wrong. Even if you guys still 12 want to take my phone, if you guys want to keep the 13 phone, I'll delete everything that I have in my 14 phone. I'll delete all my recordings of the 15 harassments or anything you want to do, just please 16 just let me get out of the hospital and let me go 17 home." 18 And she said -- and Natalia said, 19 "Okay." She -- she actually nodded her head. She's 20 like, "Okay." She was agreeable with me, like, 21 deleting my phone -- my phone records. 22 But Barbara said, "No, I don't care 23 about none of that. You're going to go. You're 24 going to go." 25 Natalia walks away. I started</p>	<p style="text-align: right;">Page 148</p> <p>1 you just come -- come here and help me and get me 2 out of here? I'll pay you at least -- I'll pay a 3 thousand dollars, just come here, just get me out of 4 this situation." 5 And he said, "I'm sorry, I feel your 6 pain -- I can't come to see you, but just tell your 7 program manager that you don't want to go there. 8 It's your right to refuse to go to the emergency 9 department if you don't feel like you want to go. 10 Just tell her you're not going to go." 11 And -- and -- and -- and that was 12 it, and he hung up his phone. 13 Q Okay. Can I stop you real quick? 14 A Yeah. 15 Q Or we'll leave off there. 16 A Yeah. 17 Q Do you have the same cellphone number now that you 18 had back in -- 19 A Yes. 20 Q -- November of 2020? 21 A Yes. 22 Q What is your cellphone number? 23 A (202). 24 Q 202. 25 A 390.</p>
<p style="text-align: right;">Page 147</p> <p>1 dialing 911 on my phone. And Natalia sees my phone, 2 and she sees the 911 dialed on my phone, and she 3 tells me -- she's like, "Wait, wait. I'm going to 4 -- I'm going to see what's going -- she's just, 5 like, "Wait, just put that away for now. We're 6 going to see what's going to happen right now." 7 And I -- I put my phone away. And 8 Natalia just kind of, like, walks to the director 9 and talks to her for a little bit. And she wasn't 10 being, like, shaken by anything. So, she comes back 11 to me and she said, "What are you doing?" 12 And I'm like, "I'm going -- I'm 13 going to have to go make a police -- I mean, just 14 make a police -- one phone call before we go 15 anywhere." 16 And I take my phone and I call, 17 like, at least, like, seven, eight attorneys until I 18 get one -- one of them to pick up. One of the 19 attorneys picked up and I said, "Hello, my name is 20 this. I know you don't know me, but I'm being told 21 by -- I'm being forced by my manager to go to the 22 emergency department when a psychologist has told me 23 I don't need to go, and I really don't want to go. 24 What's -- what are my rights? Do I have any right 25 here to say no? What am I supposed to do? And can</p>	<p style="text-align: right;">Page 149</p> <p>1 Q 390. 2 A 29. 3 Q 29. 4 A 26. 5 Q 26. 6 And do you actually call 911 when 7 you -- 8 A At that -- 9 Q -- when -- no, hold on. 10 A moment ago, you testified, "I was 11 calling 911" -- 12 A Yes. 13 Q -- "And Dr. Natalia saw me do it." 14 A Yeah. 15 Q Is that what you testified to? 16 A Yeah. 17 Q Did you call 911? 18 A I didn't call it, no. 19 Q So -- 20 A She told me, like -- she -- she -- before I 21 called -- I had 911 on my phone and she's like, 22 "Just stop. Stop. Don't do this right now. Don't 23 make it bigger." Like, she's like, "Stop. I'm 24 going to go talk to her. You're going to be able to 25 leave."</p>

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<p style="text-align: right;">Page 150</p> <p>1 Q Okay. What were the names of the attorneys who you 2 called that day that you just referenced? 3 A I have to -- I have to go through my phone records. 4 I have to go through my phone records. 5 Q Do you have your phone records available to you? 6 Not -- not -- 7 A I have -- 8 Q Not literally at this moment, but are they generally 9 available to you? 10 A They should be available. 11 Q Okay. What was your phone carrier? 12 A Mint Mobile. 13 Q Pardon? 14 A Mint Mobile. It's a part of T-Mobile. 15 Q Oh, okay. T-Mobile. 16 A At that point. 17 Q That was your -- T-Mobile was your phone carrier at 18 the time? 19 A Yes. Yeah. 20 Q Okay. So, tell me -- can you tell me where we left 21 off? I'm so sorry. You were giving me a detailed 22 account. 23 A Yeah. So, I was making the phone calls asking for 24 someone to come help me. I really needed someone to 25 come help me. I didn't know -- I was too scared to</p>	<p style="text-align: right;">Page 152</p> <p>1 right where I was sitting and he said that -- "Can 2 this guy walk? Are we going to have to push him 3 through this wheelchair?" 4 And that was a very traumatic 5 experience, but I'm not sure, after that, what 6 happened. I felt very scared. 7 Q Hold on. 8 You're not sure what happened after 9 the wheelchair? 10 A After the wheelchair -- I remember he put the 11 wheelchair there -- 12 Q Okay. 13 A -- and I started to -- start think -- started 14 thinking about all of the innocent people that were 15 shot by police before in the past by -- by -- for -- 16 Q Did the security officers have guns? Let me back 17 up. 18 Were these security guards or -- 19 A They have a Taser. 20 Q -- were these police officers? 21 A Security guards. 22 Q So, they didn't have firearms on them? 23 A They have Tasers. 24 Q They have Tasers? 25 A Yeah.</p>
<p style="text-align: right;">Page 151</p> <p>1 call the police, even. But I was -- I was just 2 scared and needed someone to come get me out of the 3 situation, because she kept on telling me that "We 4 were going to strap your -- we're going to strap you 5 off, we're going to drag you into the ED, this is 6 not your choice. We're not telling you this is your 7 option anymore. I'm going to call security in here, 8 they're going to drag you. Please don't make a 9 scene, just please go -- be quiet and come with us." 10 And I said, "No, I'm not going to" 11 -- I even started crying. I started -- I said, "No. 12 I -- I did not do anything wrong. I did not do 13 anything wrong. Please just let me go home. I -- I 14 just want to go home. I just need some sleep, maybe 15 I'm tired. Just please let me go home." 16 She didn't care. She -- she wasn't 17 shaken by anything I was saying. And she said -- 18 that's when, like, I remember, like, she had -- two 19 security guards came to the cafeteria. One of them 20 came with a wheelchair and put it right next to me. 21 I'm not sure if more security came, but there was -- 22 she called -- went and called security, the one in 23 the front gate, and around two, three security 24 guards were starting to come to the cafeteria. 25 And then, one placed a wheelchair</p>	<p style="text-align: right;">Page 153</p> <p>1 Q But they didn't have guns on them, right? They're 2 not even allowed to carry guns, are they? 3 A I don't know. I'm not sure. I'm not sure. 4 Q Well, what do you recall? Did they have firearms on 5 their sides or not? 6 A All I saw was people wearing security badge -- 7 security clothes and wheel -- and screaming, like, 8 "Is this guy complying? Is he not complying?" 9 Q Did you see a gun? 10 A No, I don't recall that. 11 Q Okay. Why didn't you call 911 at that time? 12 A I felt scared. 13 Q Too scared to call law enforcement? 14 A Yeah. 15 Q Why? 16 A This is a Caucasian woman, I'm an African-American 17 male, I'm 6'1", calling about a Caucasian woman to 18 the police in the middle of Grand Blanc. Not a 19 great idea. 20 Q Why? 21 A I don't know. I don't know if they'll believe me. 22 Q So, you didn't try to call 911? 23 A I -- I called -- I called on the way -- on the way 24 to the psych facility, but I didn't call there, not 25 at Grand Blanc, though.</p>

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<p style="text-align: right;">Page 154</p> <p>1 Q Okay. So, you did call 911 that day, just not at 2 that point in time? 3 A Yeah. 4 Q Okay. So, I take it the wheelchair arrives and you 5 decide just to walk to the emergency room; is that 6 accurate? 7 A I said -- I said, "Yeah, I'll just -- I'll just 8 walk." 9 Q So, you walked to the emergency room? 10 A Yeah. 11 Q Okay. So, you go to the emergency room? 12 A I walked with the -- Dr. Barbara and Natalia and the 13 one security officer who -- 14 Q Okay. 15 A -- who -- in the middle of my back. 16 Q So there's you, security officer, Dr. Natalia, Dr. 17 Pawlaczyk all walked to the emergency room? 18 A Yeah. And then, he -- he -- 19 Q Hold on. I don't have a question pending, I just -- 20 A Sorry. 21 Q -- wanted to make sure those were the people who 22 were walking with you to the emergency room. 23 A Yes. 24 Q So, when you go to the emergency room, I take it 25 you're examined by multiple -- I understand you</p>	<p style="text-align: right;">Page 156</p> <p>1 you in one family together?" 2 I don't know what she was implying 3 by whatever she was telling me, but she was telling 4 me, "You're Sudanese", and at that point, I was 5 tearing up. And she was saying to me, "Yeah, you're 6 from Sudan. You're Sudanese. You told me that you 7 live together all in one house." Something like 8 that. "And America is different -- different than 9 Sudan, right?" 10 And I said -- I did not want to 11 speak. I was very upset. I just, like -- I'm like, 12 "I guess." 13 And she's like, "Yeah. Okay, I 14 guess." 15 She left the room. And she -- she 16 -- she left the room. I was in the room alone. And 17 she spoke to -- or she was speaking to someone 18 outside -- 19 Q Hold on. 20 How -- she left the room? 21 A Yeah. 22 Q How do you know she was speaking to anyone if she 23 left the room? 24 A I overheard, like, Dr. Barbara speaking. 25 Q Okay. So, you didn't see her speaking, but you just</p>
<p style="text-align: right;">Page 155</p> <p>1 didn't -- you didn't want to go to the emergency 2 room, right? 3 A No. 4 Q Okay. That, we've established. 5 You were examined by multiple 6 medical personnel in the emergency room, right? 7 A I was never examined. And -- I mean, before I was 8 admitted or after I was admitted? 9 Q That's a good distinction there. 10 A Yeah. 11 Q I appreciate that. 12 A Yeah. 13 Q When you went to the emergency room, what was the 14 first thing that happened? I want to go step by 15 step. 16 A First thing what happened -- well, we went through 17 the back door. We didn't go through the front door. 18 Usually, the patients for -- for emergency 19 department, they go through the front door of the 20 emergency department. We went through a back door. 21 Not the usual door that you use -- you go to the 22 emergency department through. And we went -- sat in 23 the waiting room where Dr. Barbara was telling me, 24 "You're from Sudan, right? And you're Sudanese, and 25 you guys used to live in big houses together, all of</p>	<p style="text-align: right;">Page 157</p> <p>1 overheard her voice? 2 A Yeah. I just heard her voice. 3 Q Who was she talking to, if you know? 4 A I'm not sure. 5 Q You don't know who she was talking to? 6 A No. No. 7 Q Okay. So, she's talking to this individual. What 8 do you hear her say? 9 A "Which room do you guys want to put him in?" 10 Something like that. That's what I heard. Yeah. 11 Q And then she leaves, right? 12 A She never leaves, no. She -- she -- she -- Dr. 13 Caloia comes back into the room. 14 Q Who's Dr. Caloia? 15 A He's the emergency room physician. 16 Q Okay. So, he comes back into the room? 17 A Yes. 18 Q And then, you're admitted to the emergency room, 19 right? 20 A He speaks to me. He tells me, "Your program 21 director said you're delusional. You're crazy. 22 You're saying people are putting bombs in the 23 locker. And you're -- you're making other residents 24 feel uncomfortable." Under -- and -- and something 25 like that.</p>

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<p style="text-align: right;">Page 174</p> <p>1 right, regarding your return to work?</p> <p>2 A Yes.</p> <p>3 Q There's no other form returning you to work signed</p> <p>4 off by a private physician, is there, from Havenwyck</p> <p>5 Hospital?</p> <p>6 A From Havenwyck Hospital, or any -- any hospital?</p> <p>7 Q Havenwyck Hospital. And we'll go to any hospital</p> <p>8 after that.</p> <p>9 A From Havenwyck Hospital? I don't believe -- this is</p> <p>10 the -- this is the return to work I got.</p> <p>11 Q Okay. And I think where you were going with that is</p> <p>12 you did get another return to work, though, from a</p> <p>13 hospital, and that was Ascension Genesys, true?</p> <p>14 A Uh-huh.</p> <p>15 Q Is that a yes or a no?</p> <p>16 A Yes.</p> <p>17 Q Okay. And let me back up.</p> <p>18 You submitted this Exhibit 9 to</p> <p>19 Ascension Genesys Occupational Health Department as</p> <p>20 well as Marney Daugherty of Human Resources at</p> <p>21 Ascension Genesys, true?</p> <p>22 A Yes.</p> <p>23 Q Okay. And you presented to -- you presented it to</p> <p>24 -- Exhibit 9 to Occupational Health when you were</p> <p>25 seen on November 23rd of 2020, true?</p>	<p style="text-align: right;">Page 176</p> <p>1 A Yes.</p> <p>2 Q And you're not alleging that he had any</p> <p>3 discriminatory animus to you, are you?</p> <p>4 A Previous to seeing me or after seeing me?</p> <p>5 Q Before, you know, the time he saw you.</p> <p>6 A At the time he saw -- I mean, after he -- after he</p> <p>7 had a discussion with Dr. Barbara, he -- so, I'll</p> <p>8 tell you the story.</p> <p>9 Q Hold on.</p> <p>10 A Yeah.</p> <p>11 Q I just -- I just want to --</p> <p>12 A Discriminatory animus --</p> <p>13 Q We'll get into your story in a moment. Let me</p> <p>14 rephrase it.</p> <p>15 A But that's a difficult question.</p> <p>16 Q Fair enough. I'll -- I'll rephrase it.</p> <p>17 A Yes.</p> <p>18 Q Do you believe that he -- that Dr. Tajour does not</p> <p>19 like black individuals?</p> <p>20 A Black -- black --</p> <p>21 Q Just black individuals.</p> <p>22 A Black is different.</p> <p>23 Q Skin -- we're talking skin color.</p> <p>24 A You're talking about black Americans that stand up</p> <p>25 for their rights. Black Lives Matter is different</p>
<p style="text-align: right;">Page 175</p> <p>1 A Uh-huh.</p> <p>2 Q Is at a yes or a no?</p> <p>3 A On the Occupational Health visit, yes.</p> <p>4 Q Okay. Which was November 23rd of 2020?</p> <p>5 A Uh-huh.</p> <p>6 Q Right?</p> <p>7 A Yes. Yes.</p> <p>8 Q Okay. And then, you subsequently provided to Marney</p> <p>9 Daugherty on November 30th, 2023 when you spoke to</p> <p>10 her, true?</p> <p>11 A Yes.</p> <p>12 Q Okay. And what we were just referencing a minute</p> <p>13 ago -- we can -- you can put that aside, Dr. Elzein.</p> <p>14 A Yes.</p> <p>15 Q I'll give it back to the court reporter.</p> <p>16 A Yes.</p> <p>17 Q You -- as we said a moment ago, you saw doctor --</p> <p>18 strike that.</p> <p>19</p> <p>20 You saw -- you went to Occupational</p> <p>21 Health for a return to work visit on November 23rd</p> <p>22 of 2020, correct?</p> <p>23 A Yes.</p> <p>24 Q And the doctor you saw was Dr. Burhan Tajour,</p> <p>25 correct?</p>	<p style="text-align: right;">Page 177</p> <p>1 than a black from Congo or Nigeria who's stupid and</p> <p>2 who do everything a white person does. These are</p> <p>3 two different individuals. You cannot tell me.</p> <p>4 Does he like black Americans?</p> <p>5 Q I'm talking solely --</p> <p>6 A He does not like black Americans.</p> <p>7 Q -- about skin color. So, Dr. Tajour --</p> <p>8 A Skin color?</p> <p>9 Q -- is yet another discriminatory person at Ascension</p> <p>10 Genesys, right?</p> <p>11 A I did not say he's discriminatory.</p> <p>12 Q Okay.</p> <p>13 A But does he -- does Ascension Genesys, as a</p> <p>14 hospital, like black Americans?</p> <p>15 Q No. I'm talking about Dr. Tajour, not Ascension</p> <p>16 Genesys.</p> <p>17 Dr. Tajour is an individual,</p> <p>18 obviously, right? He's a person.</p> <p>19 A I don't think he had any problem with black</p> <p>20 Americans.</p> <p>21 Q Okay. Did he have any problems with people from</p> <p>22 Sudan?</p> <p>23 A Definitely not. Definitely -- the stupid ones? No.</p> <p>24 Just -- no. Definitely --</p> <p>25 Q Dr. Tajour had no problems with people from Sudan,</p>

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<p style="text-align: right;">Page 178</p> <p>1 right?</p> <p>2 A I mean, when I was -- I spoke to him in -- look, my</p> <p>3 friend. I spoke to him in Arabic and broken English</p> <p>4 to make sure that he did not understand I was an</p> <p>5 African-American. African-Americans are not</p> <p>6 welcome. They're not liked. They're not loved by</p> <p>7 Ascension Genesys. And specifically Dr. Tajour, Dr.</p> <p>8 Barbara, Dr. Yarlagadda, they will love you if</p> <p>9 you're African, but you -- they'll not like you as</p> <p>10 an African-American.</p> <p>11 Q What evidence do you have that Dr. Tajour does not</p> <p>12 like African-Americans?</p> <p>13 A Okay. What evidence do I have?</p> <p>14 Q Yes.</p> <p>15 A When I entered Dr. Tajour's office, I spoke to him</p> <p>16 in Arabic. I spoke to him in a very broken English.</p> <p>17 Q Okay.</p> <p>18 A And the minute Dr. Tajour spoke to Dr. Barbara and</p> <p>19 told her -- which is very against HIPAA, and told</p> <p>20 her that he saw me, and Dr. Barbara told him, "No,</p> <p>21 you're not supposed to give this guy clearance."</p> <p>22 He changed his mind. I believe is a</p> <p>23 -- makes me question --</p> <p>24 Q Were you there for this conversation with him and</p> <p>25 Dr. Pawlaczyk?</p>	<p style="text-align: right;">Page 180</p> <p>1 MR. WASLAWSKI: Let's just -- I'll</p> <p>2 get all the spellings to you. Dr. P for now.</p> <p>3 THE WITNESS: Dr. T?</p> <p>4 BY MR. WASLAWSKI:</p> <p>5 Q Dr. -- Dr. P. No, Dr. Pawlaczyk being Dr. P.</p> <p>6 Were you present for any</p> <p>7 conversation between Dr. Pawlaczyk and Dr. Tajour?</p> <p>8 A No.</p> <p>9 Q Okay. So, you have no idea what they talked about,</p> <p>10 other than your speculation, true?</p> <p>11 A Yes.</p> <p>12 Q Okay. But you did indeed see Dr. Tajour on</p> <p>13 November 23rd of 2020, true?</p> <p>14 A Yes.</p> <p>15 Q Okay. You're not alleging he did anything unlawful</p> <p>16 to you in this lawsuit, right? He just completed a</p> <p>17 medical examination?</p> <p>18 A I did -- at the end, I think he did.</p> <p>19 Q What do you think he did?</p> <p>20 A By giving me a clearance and revoking a clearance.</p> <p>21 Q Do you know if he revoked the clearance, or do you</p> <p>22 think it -- do you know if it was someone else?</p> <p>23 A I got it through an e-mail that Dr. Marney said that</p> <p>24 he revoked the clearance.</p> <p>25 Q Okay. So, there's an e-mail out there, you're</p>
<p style="text-align: right;">Page 179</p> <p>1 A Was I there?</p> <p>2 Q Yeah.</p> <p>3 A I was not.</p> <p>4 Q So, you don't even know what they said to each</p> <p>5 other?</p> <p>6 A But they're never supposed to talk to each other.</p> <p>7 Q But you don't even know what -- you weren't there</p> <p>8 for any conversation between them, right?</p> <p>9 A Yeah -- here. How Barbara -- Dr. Barbara --</p> <p>10 Q Hold on. Hold on.</p> <p>11 A Yeah. Yeah.</p> <p>12 Q These are simple questions.</p> <p>13 A Absolutely.</p> <p>14 Q I know you can make inferences, and again, your</p> <p>15 counsel's going to have plenty of time to ask you</p> <p>16 questions --</p> <p>17 A Sure.</p> <p>18 Q -- and go over whatever you want to go over.</p> <p>19 A Sure.</p> <p>20 Q My question to you is a simple one.</p> <p>21 A Yeah.</p> <p>22 Q Were you ever present for any conversation between</p> <p>23 Dr. Tajour and Dr. Pawlaczyk?</p> <p>24 MR. LASSER: Excuse me. How do you</p> <p>25 spell that name, Dr. Tajour?</p>	<p style="text-align: right;">Page 181</p> <p>1 saying, that is -- supports your assertion?</p> <p>2 A Yes.</p> <p>3 Q Okay.</p> <p>4 A And he called me personally on my phone and said he</p> <p>5 was going to revoke my clearance.</p> <p>6 Q Yeah, and that's because you lied about the reason</p> <p>7 for why you were --</p> <p>8 A And how did they find out about that?</p> <p>9 Q And -- you lied, though, to Dr. Tajour about why you</p> <p>10 were off of work; isn't that true?</p> <p>11 A And how do you know about that?</p> <p>12 Q I'm asking the questions, Doctor --</p> <p>13 A I'm asking -- no. You're saying -- you're accusing</p> <p>14 me of lying to Dr. Tajour. How did you know --</p> <p>15 Q Did you -- let me --</p> <p>16 A -- about my personal visit with Dr. Tajour?</p> <p>17 Q Let me -- let me rephrase.</p> <p>18 Did you lie to Dr. Tajour about the</p> <p>19 reason for why you were off of work?</p> <p>20 A Did I lie to Dr. Tajour about the reason for why I</p> <p>21 went to work? No, I did not.</p> <p>22 Q So, you're committing perjury right now, aren't you?</p> <p>23 A I'm committing perjury?</p> <p>24 Q Yes.</p> <p>25 A Maybe.</p>

EXHIBIT 2

1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF MICHIGAN
3
4

5 AHMED ELZEIN,
6 Plaintiff,

7
8 -vs-

Case No. 22-CV-12352

9
10 ASCENSION GENESYS HOSPITAL,
11 Defendant.
12 _____/

13
14
15
16 DEPONENT: TAMMY GAUTHIER

17 DATE: Thursday, October 12, 2023

18 TIME: 9:49 a.m.

19 LOCATION: VIA ZOOM VIDEOCONFERENCE

20 REPORTER: Karen Fortna, CRR/RMR/RPR/CSR-5067

21 JOB NO: 26455
22
23
24
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AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
GAUTHIER, TAMMY 10/12/2023

Job 26455
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<p style="text-align: right;">Page 18</p> <p>1 of 2020?</p> <p>2 A. Yes, I reported to the call with my officers.</p> <p>3 Q. Did you receive the call from Dr. Elzein?</p> <p>4 A. No.</p> <p>5 Q. Do you know who received the call?</p> <p>6 A. I do not recall.</p> <p>7 Q. Do you recall how you first heard about this</p> <p>8 report?</p> <p>9 A. Our dispatch.</p> <p>10 Q. So it was over a radio call?</p> <p>11 A. Correct.</p> <p>12 Q. Do all of your guards carry some sort of radio</p> <p>13 system, a walkie-talkie, something along those</p> <p>14 lines? Is that right?</p> <p>15 A. Yes.</p> <p>16 Q. And you also keep one on your person when you're at</p> <p>17 work?</p> <p>18 A. Yes.</p> <p>19 Q. What do you recall about the radio call you</p> <p>20 received regarding this report from Dr. Elzein?</p> <p>21 A. The call that I recall coming in as resident</p> <p>22 lounge -- a resident claiming that somebody had</p> <p>23 placed a bomb in a locker.</p> <p>24 Q. Was it a male or female that was sending out that</p> <p>25 radio call?</p>	<p style="text-align: right;">Page 20</p> <p>1 to this call; is that correct?</p> <p>2 A. Correct.</p> <p>3 Q. Do you recall what time of day it was?</p> <p>4 A. I recall first shift.</p> <p>5 Q. And what are the hours for first shift?</p> <p>6 A. They are from 6:00 to 2:30.</p> <p>7 Q. I guess let me make that more clear. I want to</p> <p>8 make sure we're clear. We're talking in</p> <p>9 November 2020. Is that what the first shift was as</p> <p>10 well?</p> <p>11 A. Oh, yes. Sorry.</p> <p>12 MS. LEBEAU: I'm sorry, you said six to</p> <p>13 six?</p> <p>14 THE WITNESS: 6:00 a.m. to 2:30 p.m.</p> <p>15 BY MR. STEMPIEN:</p> <p>16 Q. And do you recall the date?</p> <p>17 A. I don't.</p> <p>18 Q. When you arrived at the lounge -- let me back up.</p> <p>19 Did you go to the lounge with somebody</p> <p>20 else or did you go alone and meet the other guys</p> <p>21 there?</p> <p>22 A. I don't recall.</p> <p>23 Q. Do you recall if you were the first person to</p> <p>24 arrive?</p> <p>25 A. I was not.</p>
<p style="text-align: right;">Page 19</p> <p>1 A. I don't recall.</p> <p>2 Q. In November of 2020, were there employees at</p> <p>3 Teachout Security whose job function was just to be</p> <p>4 in dispatch or did it between -- what I'm getting</p> <p>5 at, did the same guards who rotated in the</p> <p>6 dispatch have to do stints in dispatch or were</p> <p>7 there people whose only job was just to do the</p> <p>8 dispatch work?</p> <p>9 A. They rotate.</p> <p>10 Q. The person who was putting this out over the radio,</p> <p>11 were they reporting it directly to you or was this</p> <p>12 a general announcement they made that you heard?</p> <p>13 A. They were reporting to the on-shift supervisor</p> <p>14 requesting officers to report.</p> <p>15 Q. And you heard the call; is that correct?</p> <p>16 A. Correct.</p> <p>17 Q. And you responded to the resident lounge?</p> <p>18 A. Correct.</p> <p>19 Q. Who else responded?</p> <p>20 A. Michael Bossert. And I don't recall who else was</p> <p>21 on that call.</p> <p>22 Q. How many guards besides yourself? So it was you</p> <p>23 and Michael Bossert. How many more were there?</p> <p>24 A. Two.</p> <p>25 Q. So a total of four security people came to respond</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. Did you talk to Dr. Elzein that day?</p> <p>2 A. Yes.</p> <p>3 Q. As far as you know, when you arrived, had he</p> <p>4 already spoken to any of the other security guards?</p> <p>5 A. Not that I'm aware of.</p> <p>6 Q. Did you talk to Dr. Elzein before physically</p> <p>7 looking at any of the lockers or anything like</p> <p>8 that? Did you first talk to him?</p> <p>9 A. Yes.</p> <p>10 Q. Tell me about that conversation. Tell me what he</p> <p>11 said, what you said.</p> <p>12 A. We asked him what was going on, what was the issue,</p> <p>13 the normal questions we would ask. He stated that</p> <p>14 somebody quickly came in, placed something in a</p> <p>15 locker and left and he didn't want to be involved</p> <p>16 in anything. We asked him which locker, he said,</p> <p>17 "Somewhere down there." So we searched several</p> <p>18 lockers. We searched the resident lounge</p> <p>19 completely. He just kept saying he didn't want to</p> <p>20 be involved in anything.</p> <p>21 And we searched and the only thing that</p> <p>22 was found was someone's groceries, a brown paper</p> <p>23 sack that had been set inside a locker with no</p> <p>24 lock, and there had been food in the bag.</p> <p>25 Q. That was the only item you found in any of the</p>

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1 lockers you looked in; is that correct?

2 A. That was in the lockers that he had pointed to,

3 yes.

4 Q. Right. Because you said he pointed in a general

5 area, not a specific locker, correct?

6 A. Right. Several of them were empty.

7 Q. Were any of them locked?

8 A. No.

9 Q. What was his demeanor like?

10 A. Very nervous.

11 Q. Did he tell you that he thought somebody had placed

12 a bomb in the locker?

13 A. Yes.

14 Q. But you just told me a moment ago, you said

15 somebody had placed something in a locker, but he

16 used the word bomb?

17 A. He used the word bomb when we were in the room and

18 on the phone call, according to the dispatch.

19 Q. But you weren't part of the call, were you?

20 A. Not that call, no.

21 Q. So the only information you had was what was said

22 over the radio, correct?

23 A. When we were in the lounge, he stated the fact that

24 he didn't want to be involved if someone left a

25 bomb in the locker.

Page 23

1 Q. I want to make sure I understand exactly what he

2 said. Did he say, "Somebody placed a bomb in the

3 locker," or did he just say, "I don't want to be

4 involved if someone put a bomb in the locker"?

5 A. To my understanding, that was "if." I mean, this

6 was three years ago, so -- I know he said bomb.

7 Q. Was there anything else that he said to you?

8 A. No.

9 Q. Do you know, just based on your observations, if he

10 was speaking to any security guards where you

11 couldn't hear what he was saying?

12 A. No.

13 Q. After the conversation, is that when you and the

14 other guards looked inside the lockers in the area

15 where he had pointed?

16 A. Correct.

17 Q. And after finding only a bag -- did you say it was

18 a brown paper bag? Is that what it was?

19 A. Correct.

20 Q. Was it like a lunch-size bag or like a big grocery

21 bag kind of thing?

22 A. It was a grocery bag.

23 Q. Did you show that bag to Dr. Elzein?

24 A. He never left the room. He sat at the desk while

25 we searched. He sat right there.

Page 24

1 Q. Okay. Did you show him the bag?

2 A. Yes.

3 Q. All right. And did you ask him, "Is this what you

4 saw that was placed in a locker?"

5 A. Yes.

6 Q. And what was his response?

7 A. "I'm not sure."

8 Q. Had the hospital been on any kind of high alert in

9 the days and weeks leading up to this event?

10 A. No.

11 Q. After he said, "I'm not sure if that's what I saw,"

12 what happened then?

13 A. He said he didn't want to be involved in anything.

14 Q. Then what happened?

15 A. We continued to search the rest of the lounge and

16 areas behind couches, behind doors, therefore made

17 a thorough search and stated that we couldn't find

18 anything, he said he just didn't want to be

19 involved in anything and we cleared the lounge.

20 Q. Did you personally create a report as a result of

21 this incident?

22 A. No.

23 Q. Did any of the other guards create a report?

24 A. Apparently not.

25 Q. Why do you say that?

Page 25

1 A. Because they are directed to create a report.

2 Q. I guess I'm confused because are you sure somebody

3 didn't -- well, let me ask it this way: Is it

4 possible that somebody created a report and it was

5 later destroyed?

6 A. No.

7 Q. Why is that not possible?

8 A. Because we have several areas in which it would

9 have been logged. We would have had a number. The

10 gentleman that was to create the report roughly had

11 left the company, and when we went to search for

12 the report, no report. He had not created a

13 report.

14 Q. Who was this gentleman?

15 A. Michael Bossert.

16 Q. Do you know how to spell that?

17 A. Yeah. M-I-K-E. B-O-S-S-E-R-T.

18 Q. Micah?

19 A. Mike. M-I-K-E.

20 Q. Mike.

21 Do you know where Mr. Bossert is now?

22 A. No, I do not.

23 Q. How long after this incident did he leave the

24 company?

25 A. Within three days.

EXHIBIT 3

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

AHMED ELZEIN,

Plaintiff,

Case No. 22-cv-12352

vs

ASCENSION GENESYS HOSPITAL,

Defendant.

-----/

DEPONENT: MARK VOGEL, PH.D.

DATE: Tuesday, November 14, 2023

TIME: 1:31 p.m.

LOCATION: Zoom Video Conference

REPORTER: Heidi A. Cook, CSR-4827

Job No.: 26726

AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
VOGEL, MARK 11/14/2023

Job 26726
10..13

<p style="text-align: right;">Page 10</p> <p>1 and I completed a two-year fellowship, and that 2 finished in 1989. And then my official 3 employment began in 1989. 4 Q Other than Ascension Genesys Hospital and your 5 private practice, have you practiced psychology 6 for any other entities? 7 A And just to be clear, back in 1989 it was not 8 Ascension Genesys, it was St. Joes Hospital; 9 that eventually became Ascension Genesys. It 10 was Genesys before it was Ascension, too, so -- 11 Q So let's -- let me rephrase the question and 12 make sure to clarify that. 13 A Sure. 14 Q So other than for Ascension Genesys, or any of 15 its predecessors, have you practiced psychology 16 for anyone else other than the Ascension 17 Genesys and its predecessors, or in your 18 private practice? 19 A No, those are the only two entities of which 20 I've been employed at. 21 Q Do you have any subspecialties within 22 psychology? 23 A Yes. 24 Q What are those? 25 A I'm a health psychologist.</p>	<p style="text-align: right;">Page 12</p> <p>1 services in the family medicine residency, and 2 in the hospital. 3 Q And would that be providing it to Ascension 4 Genesys interns and residents? 5 A No. So in terms of my clinical services, it 6 would be to hospitalized patients, outpatients 7 at the Family Medicine Center. So those were 8 the two locations where I would see clinical, 9 do clinical practice. 10 Q Okay. Your current practice, are you full-time 11 or part-time? 12 A Part-time. 13 Q Was your separation from Ascension Genesys 14 Hospital voluntary on your part? 15 A Yes. 16 Q Have you reviewed any documents to prepare for 17 your deposition today? 18 A I'm sorry. I didn't hear your question. 19 Q Did you review any documents to prepare for 20 your deposition today? 21 A No. 22 MS. LEBEAU: Let me just jump 23 in. He did take a look at the Subpoena, 24 obviously. 25 MR. STEMPIEN: Well, okay. Fair</p>
<p style="text-align: right;">Page 11</p> <p>1 Q Can you tell me what that means? 2 A So health psychology is the discipline that is 3 focused on understanding the, kind of how 4 psychology and medicine interact together. And 5 so it is the discipline that is focused on how 6 illness has psychological components, and how 7 psychological components can affect someone's 8 health status. 9 Q In the year 2020 were you in a particular 10 department at Ascension Genesys Hospital? 11 A Correct. I was in the Department of Medical 12 Education. 13 Q Were you in the Department of Medical Education 14 until your retirement in September of '21? 15 A Yes. 16 Q When did you start at the DME department? 17 A That was the department I was in the entire 18 time of my employment. 19 Q And what were the general description of your 20 job duties in that department? 21 A My job title was as Program Director of the 22 Health Psychology Post Doctoral Fellowship, and 23 my job duties included managing that post 24 doctoral fellowship, supervising our post 25 doctoral fellows, and providing clinical</p>	<p style="text-align: right;">Page 13</p> <p>1 enough. 2 Q (By Mr. Stempien) Any documents related to 3 Dr. Ahmed Elzein to prepare for your deposition 4 today? 5 A No. 6 Q Have you spoken to anybody other than an 7 attorney to prepare for your deposition today? 8 A No. 9 Q Do you know who Dr. Ahmed Elzein is? 10 A I have met him once. 11 Q Okay. Do you remember him? 12 A I remember the one meeting with him, yes. 13 Q What was the context of that meeting with him? 14 A I was asked by the Program Director of the 15 Internal Medicine Residency Program, 16 Dr. Barbara Pawlaczyk, to come down to our, 17 literally, the food court in the hospital. And 18 she was concerned about a resident, and asked 19 me to come down and see if I could convince him 20 to go to the Emergency Room to get further 21 evaluated. 22 Q Okay. Prior to that contact, did you know who 23 Dr. Elzein was? 24 A I had never met him personally. I would say 25 prior to that contact I was aware, as in</p>

EXHIBIT 4

AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
PAWLACZYK, BARBARA 10/13/2023

Job 26456

<p style="text-align: right;">Page 1</p> <p style="text-align: center;">UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN</p> <hr/> <p>AHMED ELZEIN, Plaintiff, Case No. 22-cv-12352 v Hon. Sean F. Cox ASCENSION GENESYS HOSPITAL, Magistrate Judge: Defendant. Curtis Ivy, Jr.</p> <hr/> <p style="text-align: center;">DEPOSITION OF: BARBARA PAWLACZYK (VIA ZOOM)</p> <p>DATE: October 13, 2023 TIME: 2:12 p.m. LOCATION: Fortz Legal Support, LLC 25 Division Avenue South, Suite 325 Grand Rapids, Michigan REPORTER: Kelly M. Kane, CSR-1470</p>	<p style="text-align: right;">Page 3</p> <p style="text-align: center;">I N D E X</p> <p>1 2 WITNESS: PAGE 3 BARBARA PAWLACZYK 4 Examination by Mr. Stempien 4 5 6 7 E X H I B I T S 8 NUMBER PAGE 9 Deposition Exhibit Number 5 78 10 Deposition Exhibit Number 11 69 11 Deposition Exhibit Number 12 55 12 Deposition Exhibit Number 14 61 13 Deposition Exhibit Number 16 43 14 (Exhibits were retained.) 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES: 2 3 STEMPIEN LAW, PLLC 4 BY: Eric Stempien (P58703) 5 38701 Seven Mile Road, Suite 130 6 Livonia, MI 48152 7 (734)744-7002 8 Eric@stempien.com 9 On behalf of Plaintiff 10 11 JACKSON LEWIS, P.C. 12 BY: Daniel C. Waslawski (P78037) 13 2000 Town Center, Suite 1650 14 Southfield, MI 48075 15 (248)936-1900 16 On behalf of Defendant 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 4</p> <p>1 Grand Rapids, Michigan 2 October 13, 2023; 2:12 p.m. 3 * * * 4 COURT REPORTER: Counsel, before I swear in the 5 witness do you agree that I can administer the oath 6 although I am in a remote location from the witness? 7 MR. STEMPIEN: For Plaintiff, no objection. 8 MR. WASLAWSKI: Dan Waslawski for Defendant, 9 agreed. 10 BARBARA PAWLACZYK, MD, 11 having been first duly sworn to tell the truth, the whole 12 truth, and nothing but the truth, was examined and 13 testified as follows: 14 E X A M I N A T I O N 15 BY MR. STEMPIEN: 16 Q. Ma'am, would you please state and spell your full name? 17 A. Barbara Pawlaczyk. So it's B-a-r-b-a-r-a, and my last name 18 is, P, like Peter, a-w-l-a-c-z-y-k. 19 MR. STEMPIEN: Let the record reflect that this is 20 the discovery deposition of Dr. Barbara Pawlaczyk, taken 21 pursuant to Notice, to be used for all purposes allowed 22 under the Rules of Procedure and the Rules of Evidence. 23 BY MR. STEMPIEN: 24 Q. Dr. Pawlaczyk – I'm going to butcher it, and I'm Polish so 25 I should be able to get this right, but somehow I –</p>

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- 1 Q Is it that you just don't recall what he told you?
- 2 A. I don't recall detailed conversation with him.
- 3 Q Well, did Dr. Vogel tell you that he thought that Dr. Elzein
- 4 needed to go to the emergency room?
- 5 A. He said that would be beneficial for him to go to the
- 6 emergency room.
- 7 Q Okay. And that's what I asked you before. What did he tell
- 8 you about Dr. Elzein's mental health?
- 9 A. Are you asking me -- I'm not sure if -- are you asking me
- 10 for his recommendations or his opinion about Dr. Elzein's
- 11 mental health? Like I'm not really sure of -- what are you
- 12 asking me right now.
- 13 Q I'm asking you what Dr. Vogel told you. That's all I'm
- 14 asking you.
- 15 A. Well, so he said that will be beneficial for Dr. Elzein to
- 16 go to the emergency room to be evaluated.
- 17 Q Do you recall anything else that Dr. Vogel told you?
- 18 A. If I recall correctly he said that he didn't know him that
- 19 well.
- 20 Q That's just a couple too many pronouns, he and him.
- 21 A. Okay.
- 22 Q So you're saying Dr. Vogel said -- and if I were to use
- 23 quotes, he said, "I don't know Dr. Elzein very well." Is
- 24 that what Dr. Vogel told you?
- 25 A. That's correct.

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- 1 agreement. He asked us to -- he was in agreement to go to
- 2 the emergency room; however, he said that he would like one
- 3 of his friends to go to the emergency room together with
- 4 him, so he wanted to make a phone call. So we -- Dr. Baj,
- 5 she lent him a charger, because he wanted to charge his
- 6 phone, and then he called his friend. Or I don't know who
- 7 he called, but he called someone.
- 8 And when he came back to the table he said that he
- 9 would not go to the emergency room, that his friend advised
- 10 him not to go to the emergency room.
- 11 Q And what did you tell him in response to that?
- 12 A. I told him that it would be in his best interest to go to
- 13 the emergency room because we were concerned about his
- 14 well-being, and we asked him why did he change his decision.
- 15 Q And what did he tell you?
- 16 A. He said that his friend advised him not to go. He would not
- 17 give us any more explanation.
- 18 Q And what did you do in response to that?
- 19 A. Again, we tried to -- we tried to continue the conversation
- 20 and tell him that it's in his best interest to be checked
- 21 and evaluated in the emergency room.
- 22 Q And what happened when you did that?
- 23 A. He wanted to call his friend again. Because I think he
- 24 called him twice. And once he came back he said still that
- 25 he didn't want to go.

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- 1 Q Okay. What was your understanding of what he was saying to
- 2 you with that statement?
- 3 A. What was my understanding of --
- 4 Q Yes. So when Dr. Vogel said to you, "I don't know him very
- 5 well," what was your understanding of what he was saying to
- 6 you with that statement?
- 7 A. That it would be for Dr. Elzein's benefit to be evaluated in
- 8 the emergency room.
- 9 Q Do you know if Dr. Vogel created any kind of written record
- 10 as a result of his interview with Dr. Elzein that day?
- 11 A. Not that I'm aware of.
- 12 Q Did you ever hear Dr. Vogel tell Dr. Elzein that he should
- 13 go to the emergency room?
- 14 A. I don't recall hearing that.
- 15 Q Did Dr. Vogel leave the area then after you had this
- 16 conversation with him?
- 17 A. Yes.
- 18 Q Was Dr. Baj with you when Dr. Vogel made these statements to
- 19 you?
- 20 A. I don't know if she -- she was with me all the time, but I
- 21 don't know if she was -- I don't recall if she was next to
- 22 me when Dr. Vogel and I had this discussion.
- 23 Q After Dr. Vogel leaves, what happens next?
- 24 A. At the beginning, when we said -- when we asked Dr. Elzein
- 25 to go to the emergency room to be checked, he was in

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- 1 Q And what action, if any, did you take as a result of that?
- 2 A. So I called Dr. Vosburgh, who is an associate employee,
- 3 associate health employee, seeking his advice on the next
- 4 steps.
- 5 Q And what did Dr. Vosburgh tell you?
- 6 A. Dr. Vosburgh advised me to take Dr. Elzein to the emergency
- 7 room.
- 8 Q Despite his refusal to go?
- 9 Did you -- well, let me just ask you, did you tell
- 10 Dr. Vosburgh that Dr. Elzein said he did not want to go to
- 11 the emergency room?
- 12 A. That's correct.
- 13 Q And Dr. Vosburgh said to take him there anyway, correct?
- 14 A. Yes.
- 15 Q Why did you include Dr. Vosburgh in this situation?
- 16 A. Dr. Vosburgh -- I called him because he already was familiar
- 17 with Dr. Elzein's underperformance.
- 18 Q As far as you know is Dr. Vosburgh a psychiatrist?
- 19 A. No.
- 20 Q Is he a mental health professional in any way?
- 21 A. No.
- 22 Q Do you believe he was at all qualified to make that call as
- 23 to whether he should go to the emergency room?
- 24 A. Yes.
- 25 Q Did Dr. Vosburgh talk to Dr. Elzein?

7 (Pages 25 to 28)

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1 A. At that time or --
 2 Q. Right, at the table, I mean, when you guys are still in the
 3 food court.
 4 A. Not that I'm aware of.
 5 Q. All right. So after Dr. Vosburgh says take Dr. Elzein to
 6 the emergency room, what happened?
 7 A. I continued -- Dr. Baj and I continued conversation with
 8 Dr. Elzein, trying to convince him to go to the emergency
 9 room for his own safety, because we were concerned about his
 10 safety.
 11 So Dr. Vosburgh told me that if Dr. Elzein would
 12 not like to go by himself then I should call for some
 13 assistance, maybe from the security, that would help me to
 14 escort Dr. Elzein to the emergency room.
 15 Q. Did Dr. Vosburgh have the authority to have somebody
 16 involuntarily taken to the emergency room?
 17 MR. WASLAWSKI: Objection, lack of foundation.
 18 You can go ahead and answer, Doctor.
 19 THE WITNESS: Did you say that's okay for me to
 20 answer?
 21 MR. WASLAWSKI: Yes, you can answer, you can
 22 answer.
 23 THE WITNESS: Okay. Thank you.
 24 I'm not aware of Dr. Vosburgh's privileges, if I
 25 may call it this way.

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1 it needed to be done forcibly. That was the reason that you
 2 wanted to include security, correct?
 3 A. I wanted to get -- I wanted security to assist if needed.
 4 But what that assistance would entail, I don't know.
 5 Q. What did you tell the security guard at the entrance?
 6 A. I asked them to -- I did tell them that we may need help to
 7 escort Dr. Elzein to the emergency room.
 8 Q. What action, if any, did security take as a result of that
 9 request?
 10 A. They just -- they just approached -- they were nearby the
 11 table where we were sitting, but they -- basically they were
 12 standing up close to other people.
 13 Q. How many security guards?
 14 A. If I recall correctly there was one, I think there was one.
 15 Q. Did that security guard interact with Dr. Elzein, that you
 16 saw?
 17 A. Not that I recall, no.
 18 MR. WASLAWSKI: Eric, when you finish up this line
 19 of questioning regarding security can we just take a brief
 20 five-minute break?
 21 MR. STEMPIEN: Yes, that's a good idea.
 22 BY MR. STEMPIEN:
 23 Q. All right. So what happened once the security guard came
 24 over to the table?
 25 A. We continued our conversation with Dr. Elzein, because at

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1 BY MR. STEMPIEN:
 2 Q. Dr. Pawlaczyk, do you have the authority to have Dr. Elzein
 3 taken to the emergency room against his will?
 4 A. I think that I have responsibilities for my residents and
 5 for their safety and their well-being.
 6 Q. And you did in fact call security, correct?
 7 A. I'm sorry?
 8 Q. You did in fact call security, right?
 9 A. There was a security officer at the entrance, and so I asked
 10 for assistance.
 11 Q. Right. You went to security and brought them into the
 12 situation, correct?
 13 A. Yes.
 14 Q. And were you prepared, if necessary, to have Dr. Elzein
 15 forcibly taken to the emergency room?
 16 A. I didn't know what to expect.
 17 Q. What was the purpose of having security come over to
 18 Dr. Elzein?
 19 A. To escort him to the emergency room if needed.
 20 Q. Forcibly, correct?
 21 A. I don't know.
 22 Q. Okay. People don't normally have to have security escort
 23 them to the emergency room, correct?
 24 A. I don't -- I'm sorry, I don't know.
 25 Q. Well, the reason to include security was because -- in case

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1 times he appeared like he was willing to go to the emergency
 2 room and at times it looked like he did not.
 3 Q. Okay. I understand. So you had that conversation, and then
 4 what happened while you were continuing to talk to him? At
 5 some point did he agree to go?
 6 A. Yes, he did.
 7 Q. And that was at a time when the security guard was already
 8 standing over by the table, correct?
 9 A. Not -- the security guard was maybe like three or five feet
 10 away. So he was not standing, like, right at the table.
 11 Q. Do you know if Dr. Elzein saw the security guard come over
 12 to the table?
 13 A. I think he did.
 14 Q. Once he agreed to go to the emergency room did you then take
 15 him over to the emergency room?
 16 A. Yes.
 17 Q. And who was escorting him? Was it just you?
 18 A. It was me and Dr. Baj.
 19 Q. Did the security guard go with you?
 20 A. No.
 21 Q. Did Dr. Elzein walk under his own power?
 22 A. Yes.
 23 MR. STEMPIEN: All right. Why don't we take a
 24 break here and we can pick it up in about five, seven
 25 minutes. What time is it? About 3:05. So between five and

8 (Pages 29 to 32)

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1 Q Okay. You don't recall whether he said that, but in this
2 interview either you or Helena told Marney that Dr. Elzein
3 had not mentioned the hospitalization to employee health,
4 correct?
5 A. Right.
6 Q If you could -- we're going to come back to this, but if you
7 could open Exhibit 11 for me.
8 A. Sure.
9 Yes, I found it and opened it.
10 Q Okay. If you could take a look at it and just let me know
11 when you're done.
12 A. (Witness complies.)
13 Yes, I'm done reading.
14 Q Okay. Have you ever seen Exhibit 11 before?
15 A. No.
16 Q Did Dr. Elzein give you a copy of this?
17 A. Oh, I'm sorry, I'll take it back. I did -- I did see that
18 he sent it to me back in December.
19 Q All right. So a little bit later on he gave it to you?
20 A. Not -- he emailed it to Helena.
21 Q He emailed it, is that what you said?
22 A. Yes.
23 Q Okay. So he emailed it. All right. And did Helena show it
24 to you?
25 A. Yes.

Page 71

1 A. I didn't know.
2 Q You knew he was in a hospital, you just didn't know which
3 one, would that be accurate?
4 A. Yes.
5 Q All right. And so -- but subsequently you've come to know
6 that that was the hospital where he was an inpatient,
7 correct?
8 A. Yes.
9 Q The last sentence of the first paragraph states that he can
10 return to work on 11/23/20 with no restrictions, correct?
11 A. Yes.
12 Q All right. So, Doctor, this is a letter from his treating
13 facility for the condition that he was being treated for
14 when he was on his medical leave indicating he was cleared
15 to return to work November 23rd without restrictions,
16 correct?
17 A. Correct.
18 Q This letter was insufficient for Ascension to be able to
19 bring him back, correct?
20 A. Yes.
21 Q And why?
22 A. Because Ascension requires the letter to be written by a
23 physician. And also the process that we have at Ascension
24 Genesys Hospital requires an employee to be seen by
25 associate health for employee to be cleared to come back to

Page 70

1 Q And Helena, what was her position in November-December of
2 '22?
3 A. Program manager.
4 Q Was she one of your direct reports?
5 A. She works with me but she does not report to me.
6 Q Is that for internal medicine residency? Is that -- she's a
7 program manager over internal medicine --
8 A. Yes.
9 Q -- residency?
10 A. Yes.
11 Q What's the difference between a program manager and a
12 program director?
13 A. The program director is a physician who is in charge of
14 the -- of the program; program manager is the -- provides
15 administrative support.
16 Q All right. So this is a letter from Havenwyck Hospital
17 regarding Dr. Elzein, correct?
18 A. Yes.
19 Q And Dr. Elzein -- that's where he was treated after he left
20 the emergency department on November 11th, correct?
21 A. According to the letter, yes.
22 Q Did you know that he had been hospitalized at Havenwyck
23 before you saw Exhibit 11 in December?
24 A. No.
25 Q Nobody told you where he had been hospitalized?

Page 72

1 work.
2 Q Did you ever tell Dr. Elzein that this letter was
3 insufficient only because it was signed by a social worker?
4 A. No.
5 Q Why not?
6 A. I never had a conversation with Dr. Elzein about this
7 letter. The letter was sent -- was forwarded to us in
8 December.
9 Q And by "us" you're referring to you and Helena, correct?
10 A. Yes.
11 Q Okay. You don't know when Marney might have received it, do
12 you?
13 A. No.
14 Q You don't know -- well, do you know if -- were you aware
15 that Dr. Elzein gave this letter to Dr. Tajour, the
16 physician at employee health?
17 A. I have -- I don't know.
18 Q And do you know who Dr. Yoon is that's referenced in
19 Exhibit 11?
20 A. I don't know her or him. I don't know.
21 Q It's a him.
22 A. Okay.
23 Q So what I want you to assume is Dr. Yoon is a psychiatrist
24 at Havenwyck Hospital.
25 So if this letter had been signed by Dr. Yoon

18 (Pages 69 to 72)

EXHIBIT 5

1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF MICHIGAN
3
4

5 AHMED ELZEIN,
6 Plaintiff,

7
8 -vs-

Case No. 22-CV-12352
9

10 ASCENSION GENESYS HOSPITAL,
11 Defendant.
12 _____/

13
14
15
16 DEPONENT: DR. BRADLEY CALOIA

17 DATE: Thursday, October 12, 2023

18 TIME: 2:12 p.m.

19 LOCATION: VIA ZOOM VIDEOCONFERENCE

20 REPORTER: Karen Fortna, CRR/RMR/RPR/CSR-5067

21 JOB NO: 26455
22
23
24
25

AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
CALOIA, BRADLEY 10/12/2023

Job 26455
14..17

<p style="text-align: right;">Page 14</p> <p>1 A. I believe I received a call from the internal 2 medicine program director, Dr. Pawlaczyk, who 3 informed me that they were sending him down. 4 Q. And was that a direct conversation between you and 5 Dr. Pawlaczyk? 6 A. Yes, sir, it was. 7 Q. And what did she tell you? 8 A. I don't recall immediately. 9 Q. Do you recall her describing it as she was 10 requesting a fitness for duty, though? 11 A. Yes, specifically her concern was that she believed 12 this person was unfit for duty and needed, you 13 know, a medical clearance workup. 14 Q. When did you first lay eyes on Dr. Elzein -- not 15 time, I mean, like where in the hospital, 16 physically within the hospital? 17 A. They brought him into room 17, as memory serves, 18 and I saw him probably very close to immediately 19 after he arrived. 20 Q. And that would have been within that particular 21 room of the emergency department; is that right? 22 A. Yes. We are separated into multiple, what we call, 23 pods or subsections of groups of rooms. There 24 are -- well, there's three now; I believe there 25 were four at the time. This would have been in the</p>	<p style="text-align: right;">Page 16</p> <p>1 source that you can at that point, correct? 2 A. Sure, yeah. 3 Q. So while you might not have a specific recollection 4 right now sitting here, do you believe you had a 5 specific conversation with Dr. Pawlaczyk about the 6 nature of her concerns? 7 A. I know that I did. And in addition to that, she 8 told me that another person raising concerns was a 9 fellow resident of Dr. Elzein's, whom I contacted 10 to get her impression as well. 11 Q. Do you recall who that was? 12 A. Last name is Baj or Baj, B-A-J. 13 Q. Did you talk to Dr. Baj before seeing Dr. Elzein? 14 A. I'm not sure, sir. That's a good question. I 15 don't know the answer. 16 Q. Did you have -- 17 A. It was probably afterward. 18 Q. Did you have more than one conversation with 19 Dr. Pawlaczyk about Dr. Elzein? 20 A. At the end of the workup, I would have contacted 21 her, yes, to inform her that he was not coming back 22 to work. 23 Q. Did you have more than one conversation with 24 Dr. Baj about Dr. Elzein? 25 A. I'm not sure.</p>
<p style="text-align: right;">Page 15</p> <p>1 main treatment area or what we call pod A, I guess, 2 but the first 17 or 18 rooms are like pod A, the 3 primary core of the emergency room. 4 Q. During your phone call with Dr. Pawlaczyk, did you 5 have an understanding that she had concerns about 6 Dr. Elzein's psychiatric condition? 7 A. It was implied, sir. 8 Q. In what sense was it implied? 9 A. I don't recall the immediate words she used, but 10 there was concerns that he was either under the 11 influence of a substance or there were underlying 12 problems. You know, the purpose of the ER visit is 13 for us to try to determine -- to make that 14 determination, that distinction. 15 Q. Well, sure, but I mean, one of the first things you 16 do with any patient is get a history, correct? 17 A. Of course. 18 Q. And that history can come from the patient or from 19 other people who've made observations of the 20 patient, correct? 21 A. It generally encompasses as much information as I 22 can gather from all sources. 23 Q. So that's what I'm getting at. So while -- the ER 24 is -- the role is to find out what's going on and 25 you're going to gather as much as you can from any</p>	<p style="text-align: right;">Page 17</p> <p>1 Q. Was your contact with Dr. Baj by phone or did you 2 see her in person, do you know? 3 A. By phone. 4 Q. Do you recall what she told you? 5 A. Offhand, no. They had -- I don't remember. I 6 don't recall. I would be guessing. 7 Q. All right. Is there an area of the emergency 8 department that is designated for persons coming in 9 with psychiatric concerns? 10 A. No. 11 Q. Does Ascension Genesys have a psychiatric unit? 12 A. We do not have an in-patient psychiatric unit, no. 13 Q. What do you recall about your initial interactions 14 with Dr. Elzein? 15 A. He was agitated and defensive and showing some 16 signs of restlessness and agitation, swiftly moving 17 eyes, rocking back and forth, demanding to see 18 identification from every single person in the 19 room, making some, you know -- what's the word? He 20 seemed persecutory. 21 Q. Meaning he was expressing that he believed to be 22 the victim of persecution; is that how you're using 23 that word? 24 A. Yes, delusions of persecution, assuming they were 25 delusions.</p>

AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
CALOIA, BRADLEY 10/12/2023

Job 26455
30..33

<p style="text-align: right;">Page 30</p> <p>1 Q. So again, you testified earlier that he told you 2 this, but you don't put it in here and you said 3 part of why you -- the purpose of this document is 4 for subsequent treating psychiatrist to understand 5 what's going on, correct? 6 A. Yes, that's true. I would like to review the chart 7 though. 8 MR. STEMPIEN: Take your time. 9 THE WITNESS: Is Exhibit 2 the chart? 10 Yeah, here it is. 11 (Marked for identification: 12 Deposition Exhibit No. 2.) 13 MR. STEMPIEN: Well, Exhibit 2 is only 14 three or four pages of it, so I don't want to 15 represent to you that it would be whatever it is 16 that you're looking for because I cherry-picked what 17 I wanted to present to you, but you're welcome to 18 look at the entire chart if you need a couple 19 minutes. 20 THE WITNESS: It's not all there. 21 MR. STEMPIEN: Not from what I gave you, 22 no. 23 THE WITNESS: Okay. 24 MR. STEMPIEN: I mean, I'm sure either 25 Dan or I can make that available to you if -- do</p>	<p style="text-align: right;">Page 32</p> <p>1 conversation with the IM staff, but I can't say for 2 certain whether or not he told me because I didn't 3 document it. 4 Q. Okay. And then the same question with regard to 5 that people/co-workers were trying to harm him by 6 placing a toxic substance in his pocket. 7 A. There is a suggestion in the chart that he told me 8 that people were trying to harm him and bug him. 9 Q. All right. Bug him. And did he -- in what 10 context -- not context. In what manner did he mean 11 bug him, like audio recording or like bother him? 12 A. "...as demonstrated by believing people are 13 planting bombs around him and bugging him." That 14 is on 287, sir. 15 MR. STEMPIEN: Let me take a look. 16 By the way, Doctor, I'm completely 17 distracted because you have chickens walking around 18 behind you. 19 THE WITNESS: The rooster's a jerk. 20 Don't look at him. 21 MR. STEMPIEN: You said 287? 22 THE WITNESS: Yes, 000287. 23 BY MR. STEMPIEN: 24 Q. So are you referring to the section under the title 25 "Hospital Course"?</p>
<p style="text-align: right;">Page 31</p> <p>1 you need to look at the entire chart? 2 THE WITNESS: If you're going to ask me 3 questions specifically regarding what he said to 4 me, it would be helpful. 5 MR. STEMPIEN: Sure. Absolutely. 6 MR. WASLAWSKI: Can we go off the record 7 real quick? 8 MR. STEMPIEN: Why don't we go off the 9 record, Karen. 10 THE REPORTER: We're off. 11 (Whereupon a break was taken 12 from 2:48 p.m. to 3:00 p.m.) 13 MR. STEMPIEN: Back on the record. 14 BY MR. STEMPIEN: 15 Q. All right. Dr. Caloia, have you had an opportunity 16 to review the chart? 17 A. I did. 18 Q. Okay. So then I would like to go back to my 19 earlier question about who told you this issue 20 regarding the bomb. Did Dr. Elzein personally tell 21 you from his own mouth that he thought somebody had 22 placed a bomb in the resident lounge area? 23 A. So according -- from what I'm gathering from the 24 chart, it seems that that specific information came 25 to my thought, my consciousness as a result of a</p>	<p style="text-align: right;">Page 33</p> <p>1 A. Yes. 2 Q. And then it says, "Clinical Course," and a colon, 3 and it starts with the words, "I specifically 4 discussed..." Is that the paragraph you're 5 referring to? 6 A. Yes, sir. 7 Q. And does the "I" in that paragraph refer to you? 8 A. Me. 9 Q. So this references that you specifically discussed 10 the case with the program director, Dr. Pawlaczyk, 11 and also with fellow resident, Dr. Natalia Baj, 12 correct? 13 A. Yes. 14 Q. And then it says that you believe the patient is 15 having paranoid delusions and that he's "acutely a 16 danger to himself and possibly others as 17 demonstrated by believing people are planting bombs 18 around him and bugging him," correct? 19 A. Yes. 20 Q. But there's nothing in that sentence that 21 references that he's the one that made those 22 statements; is that accurate? 23 A. I did not specifically write the patient said this 24 to me. 25 Q. And do you have a specific recollection of the</p>

EXHIBIT 6

Exhibit

1

Approved, SCAO

PCS CODE: PFH/PAS/APM
TCS CODE: IPFH/PFH/PAS/APMSTATE OF MICHIGAN
PROBATE COURT
COUNTY OFPETITION FOR MENTAL
HEALTH TREATMENT
☐ AMENDED

FILE NO.

In the matter of Ahmed Fatehi Elzein
First, middle, and last nameXXX-XX-5017
Last four digits of SSN

Court ORI	Date of birth <u>92</u>	Place of birth <u>Sudan</u>	Race	Sex <u>Male</u>
-----------	----------------------------	--------------------------------	------	--------------------

1. I, Kathleen Hadden, an adult Social Worker petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.

I believe the individual named above needs treatment.

2. The individual was born 11/13/92, has a permanent residence in Genesee
Date
County at 7106 Cedar Rainbow Arand Blanc MI 48439
Street address City State Zip

and can presently be found at Ascension Genesys Hospital
Facility name or other address☐ This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).

3. I believe the individual has mental illness and

☐ a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

☒ b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

☒ c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

Dr Elzein admits to contacting security 830am today states "just kind of suspicious," reports an individual had their "head down" reports "made me feel uncomfortable." Dr Elzein was observed uncooperative with nursing staff in ED refusing to give RN staff his belongings. Requests for ID numbers and all documentation before he would do so.

Dr B. Caloia reports Dr Elzein's program director Dr Pawlaczky is concerned Dr Elzein has been demonstrating paranoid delusional ideation reportedly felt fellow resident had placed something in a locker he later thought was a bomb, however there was a harmful object placed in his pocket.
by: Dr B. Caloia one Genesys Pkwy Arand Blanc MI 48439 Telephone no. 810 606 5933
Witness name Complete address

(SEE SECOND PAGE)

Do not write below this line - For court use only

Petition for Mental Health Treatment (12/19)

File No. _____

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual ☐ is ☒ is not a veteran.

- ☐ 7. Attached is a ☒ clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
☐ clinical certificate by a psychiatrist taken within the last 72 hours.
☐ no clinical certificate is attached because only assisted outpatient treatment is requested.

☐ 8. (For hospitalization and combined treatment only.) An examination could not be secured because: _____

I request:

- ☐ a. the individual be examined at _____
the preadmission screening unit or hospital designated by the community mental health services program.
☐ b. a peace officer take the individual into protective custody and transport the individual to _____

9. I request the court to determine the individual to be a person requiring treatment and to order:

- ☐ a. hospitalization only.
☐ b. a combination of hospitalization and assisted outpatient treatment.
☐ c. assisted outpatient treatment without hospitalization.

☒ 10. I request the individual be hospitalized pending a hearing.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of attorney

Date

Name (type or print)

Bar no.

Address

Address

City, state, zip

Telephone no.

City, state, zip

Home telephone no.

810-606-5000

Work telephone no.

FOR
HOSPITAL
USE ONLYThis petition for mental health treatment was received by the hospital on _____ at _____
Date Time

Signature of hospital representative

Approved, SCAO

PCS CODE: CCT
TCS CODE: CCTSTATE OF MICHIGAN
PROBATE COURT
COUNTY OF

FILE NO.

CLINICAL CERTIFICATE

In the matter of AHMED ELZEIN
First, middle, and last name**TO THE EXAMINER:** You must read the following statement to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

1. I am a ☐ psychiatrist. ☐ licensed psychologist. ☒ physician.
2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
3. I further certify that I, Bradley Caloia D.O., personally examined Ahmed Elzein
Name (type or print) Patient
at Ascension Genesys Hospital, One Genesys Parkway, Grand Blanc MI 48439
Name and address where examination took place
on 11/11/20 starting at 1930 and continuing for 60 minutes.
Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

4. My determination is that the person is
☒ mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).
☐ not mentally ill.
- ☐ 5. (if applicable) The person has
☐ convulsive disorder. ☐ alcoholism. ☐ other drug dependence.
☐ mental processes weakened by reason of advanced years.
☐ other (specify):

6. My diagnosis is: Acute Psychosis with Paranoid Delusions
7. Facts serving as the basis for my determination are: This patient is a resident physician. His program director and a fellow resident express concern for his safety. They cite delusional behavior including accusing a workmate of placing a bomb in a locker and accusing a fellow of placing a "toxic, dangerous item" in his pocket.
(SEE SECOND PAGE)

Do not write below this line - For court use only

Clinical Certificate (12/19)

File No. _____

8. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box)
- ☐ a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

- ☐ b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

- ☐ c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future and has demonstrated that inability by failing to attend to those basic physical needs.

- ☒ d. inability to understand need for treatment. Facts: *Patient is intermittently refusing care and denying symptoms. He is avoidant of gaze, rocking with psychomotor agitation and is RESTLESS.*

Therefore, I believe that the examined person, as a result of mental illness, is so impaired by that mental illness and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to himself/herself or others.

9. I conclude the individual ☒ is ☐ is not a person requiring treatment.

10. (optional) I recommend ☐ hospitalization only
☐ a combination of hospitalization and assisted outpatient treatment
☐ assisted outpatient treatment without hospitalization

as follows: _____

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date 11/11/20

Time of signing 2025

Signature

B. CALOIA

D.O.

810-606-5000

Print or type name and business telephone no.

EXHIBIT 7

CCDA Provider Discharge Summary

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED] 1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

CCDA Provider Discharge Summary

...continued

Reason for Visit

Reason For Visit excluded/not available

[top](#)

Chief Complaint

Chief Complaint: Pysch Eval

[top](#)

History of Present Illness

Additional HPI: This 27-year-old male physician is brought to the emergency department by the program director. They are concerned because of witnessed behavior. Specifically they are concerned about paranoid delusions which seems to be accelerating. Specific examples include witnessing another resident placed something in a locker which he then thought was a bomb and summoning security. He believed that there was a harmful object placed in his pocket by another resident and is having delusions of persecution. The patient denies any fever or physical symptoms other than occasional headache but he has not had 1 in a week. He denies any visual changes. He is also inappropriately accused multiple people of being dangerous simply because they are not displaying ID badges.

[top](#)

Review of Systems

- Review of Systems excluded/not available

[top](#)

Assessments

- Current Skin Assessment: No Skin Alterations, Skin Intact

[top](#)

Problems

Active Problems excluded/not available

[top](#)

Functional Status

Ambulates without assistance

[top](#)

Hospital Admission Diagnosis

Hospital Admission Diagnosis excluded/not available

Status: Active

[top](#)

Hospital Discharge Diagnosis

Exhibit

2

CCDA Provider Discharge Summary
--

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED]/1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

CCDA Provider Discharge Summary

...continued

Hallucinations(R44.3) (780.1)

Status: Active

[top](#)**Allergies and Adverse Reactions**

Allergies excluded/not available

[top](#)**Hospital Admission Medications**

Hospital Admission Medications excluded/not available

[top](#)**Hospital Discharge Medications**

No Current Hospital Discharge Medications

[top](#)**Procedures**

CT Brain WO Contrast iConnect

Status: Completed

11-Nov-2020 22:46

CT Brain WO Contrast CT Brain WO Contrast

Status: Completed

Result: CT brain without contrast 11/11/2020

11-Nov-2020 22:46

Indication: Stuffy nose. Mental status change. Paranoia. Delusions.

Comparison: None.

Technique: Noncontrast.

Findings:

Normal brain parenchymal volume and cerebrospinal fluid spaces. No hydrocephalus. Satisfactory attenuation in the deep white matter.

Gray-white

matter differentiation well maintained. No large developing territorial infarct,

mass effect or intracranial hemorrhage. The midline structures are satisfactory.

The orbits, paranasal sinuses, and mastoid air cells are unremarkable. Calvarium

CCDA Provider Discharge Summary

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED]/1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

CCDA Provider Discharge Summary

...continued

intact.

IMPRESSION:

Normal noncontrast head CT. No acute intracranial process evident.

Dictated by: George Arnold on November 11, 2020 at 23:12

Electronically Signed by: George Arnold on November 11, 2020 at 23:15

Referring M.D.: BRADLEY CALOIA on November 11, 2020 at 19:32

top

Immunizations

Immunizations excluded/not available

top

Medications

No Current Medications

top

Medications Administered

Medications Administered excluded/not available

top

Past Medical History

Past Medical History excluded/not available

Status: Active

top

Family History

Family History excluded/not available

top

Social History

Never smoked tobacco

Recorded: 12-Nov-2020

top

Health Concerns

Health Concerns excluded/not available

top

CCDA Provider Discharge Summary

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED] 1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

CCDA Provider Discharge Summary

....continued

Goals

Goals excluded/not available

[top](#)

Hospital Discharge Instructions

- Hospital Discharge Instructions excluded/not available

[top](#)

Medical Equipment

Medical Equipment excluded/not available

[top](#)

Plan of Treatment

influenza, H5N1-1203 [inactive]	Scheduled for Administration	Request
---------------------------------	------------------------------	---------

Plan Of Treatment Entries excluded/not available

[top](#)

Results

Drug Screen, Urine

Ordered On: 11-Nov-2020
21:34

11-Nov-2020 22:03	Amphetamines, Urine Positive (Abnormal)	Range: Negative
	Barbiturates, Urine Negative (Normal)	Range: Negative
	Benzodiazepines, Urine Negative (Normal)	Range: Negative
	Cocaine Metabolites, Urine Negative (Normal)	Range: Negative
	Opiates, Urine Negative (Normal)	Range: Negative
	Cannabinoids, Urine Negative (Normal)	Range: Negative

Comments: This urine drug screen is a qualitative test intended for drugs of

EXHIBIT 8

Psychosocial Assessment

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED]/1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

*** Start of Document ***

Service Date: 11/11/2020 21:01

Psychosocial Assessment

Psychosocial Assessment

Last Saved By: Kathleen Scott
Created By: Kathleen Scott

Last Saved On: 11/11/2020 09:24 PM
Created On: 11/11/2020 09:01 PM

PCP Info

PCP as discussed with patient Answers: Name

Veteran Evaluation

Are you a Veteran? Answers: No

Presenting Problem:

Presenting Problem and Precipitating Factor

Notes:

Spoke with Dr. Caloia who reports pt. is a resident physician here, reports pt. was brought to ED by his program director Dr. Pawlaczyk and a fellow resident physician who expressed concern that pt. has been exhibiting symptoms of paranoid ideation, delusional ideation and are concerned for pt's safety. Per Dr. Caloia reports they provided specific example of pt. contacting security due to feeling as though another resident had possibly placed a bomb in a locker, pt. feeling as though another resident had placed something harmful in his pocket, feeling as though some people are dangerous due to not displaying ID badge. Dr. Caloia is requesting inpatient psychiatric placement be facilitated due to concerns for pt's safety and safety of others. Met with pt. RN Rachel at bedside. Introduced self, role. Inquired about events prompting ED visit. Pt. states "sinus drainage past few days." Pt. denies any medical or mental health history. Does admit to contacting security around 830am today states "just kind of suspicious" reports an individual had their "head down." Reports they "made me feel uncomfortable." Pt. when asked if he had been concerned about their being a bomb stated that was "security making a joke." Pt. did not elaborate further. Pt. is denying suicidal or homicidal ideation or any history. Pt. is denying experiencing any hallucinations. Denies paranoid ideation, denies feeling others are targeting him or trying to harm him. Pt. reports "feeling tired."

Mental Health Assessment

Orientation Answers: Person
Place
Situation

Psychosocial Assessment

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED] 1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

Psychosocial Assessment

...continued

Time

Eye Contact

Answers: Fair

Countenance

Answers: Composed

Motor Activity

Answers: Appropriate

Appearance

Answers: Well Groomed

Attitude

Notes:

cooperative during assessment with SW. Later when RN staff and physician discussed need for pt. to provide belongings so that security could lock them up pt. refusing, becoming suspicious wanting documentation of treatment plan and disposition, NPI numbers before he would give RN staff his belongings.

Affect

Answers: Labile

Interaction

Answers: Difficult to engage

Mood

Answers: Anxious

Speech

Answers: Appropriate

Insight / Judgement

Answers: Poor Judgement

Mentation

Notes:

Concern for delusional ideation and paranoid ideation

Hallucinations

Answers: Absent

Notes:

Pt. denies

Suicidality

Answers: Not Present

Notes:

Pt. denies any suicidal ideation. Denies history of suicidal thoughts

Homicidality

Answers: Not Present

Notes:

Pt. denies homicidal ideation. Denies history of homicidal thoughts

Personal History/Social Factors

Family / Living Situation/ Peer Groups

Notes:

Pt. reports he is single. Reports he moved to U.S. from Sudan age 10. Pt. reports he grew up in Colorado. Reports his mother and sister currently reside in California. Pt. reports his dad is in "the Gulf."

Marital / Relationship Issues

Notes:

Pt. reports he is single

Schooling/Vocational/Educational Background

Notes:

Medical school, currently in residency

Employment

Notes:

Psychosocial Assessment

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED] 1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

Psychosocial Assessment

...continued

Pt. reports he is a first year internal medicine resident here

Financial

Notes:

Pt. per registration has Smarthealth coverage

Legal History

Notes:

Pt. denies

Medical/Emotional/Health Issues. Include any disabilities

Notes:

Pt. denies

Support Systems

Notes:

Pt. spoke of speaking with mother via phone tonight

Sleep Disturbance

Notes:

Pt. states "it's ok." Reports sleeping "5-6 hours a night"

Appetite Disturbance

Notes:

Pt. denies appetite issues

Patient's sexual history and identification

Notes:

Pt. reports identifies as "male" and "straight"

Does patient have history of physical or sexual abuse as either the abuser or the abused?

Notes:

Pt. denied. hx. of childhood trauma

Substance Use

Abused Substances

Notes:

Pt. denies any substance abuse

Psychiatric History

Plan

Notes:

RN Dawn at bedside. Spoke with pt. to discuss physician requesting transfer to inpatient psychiatric facility once medically clear. Discussed bed

search process. Writer spoke with Amy at Ascension Rochester reports bed availability and that they require a Covid test.

Writer spoke with Dr.

Caloia who ordered Covid test, pt. was also notified of Covid test and reported agreeable.

Previous Psych Diagnosis / Maladaptive Behaviors

Notes:

Psychosocial Assessment

Patient Name: ELZEIN, AHMED

MR#: 4466051

Visit#: 14466051002

Admit Date: 11/11/2020

Location: ED (HPC)

DOB: [REDACTED] 1992

Age: 27y

Gender: Male

Attd Phys: Ellis, William

Visit Status/Type: DSC / Emergency

Service: EDH

Psychosocial Assessment

...continued

noPt. denies any mental health history

SW Continued Stay Note

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED] 1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

*** Start of Document ***

Service Date: 11/11/2020 22:22

SW Continued Stay Note

SW Continued Stay Note

Last Saved By: Kathleen Scott
Created By: Kathleen Scott

Last Saved On: 11/11/2020 10:58 PM
Created On: 11/11/2020 10:22 PM

Note

Other

Notes:

After SW assessment spoke with RN Rachel, pt. refusing to get into gown and provide staff with his belongings. Dr. Caloia presented to room to meet with pt. Writer accompanied RN Dawn to meet with pt. Discussed process for security locking pt's belongings up, support provided. Informed pt. security would provide him with receipt of all of his belongings for his records. Pt. reported he needed all documentation and "NPI" numbers and documentation of where he would be going before he would provide staff his belongings for security to inventory and lock up. RN Dawn reviewed the process again and discussed need for pt. to provide his belongings while placement being sought, writer discussed with pt. he would be notified of accepting facility and accepting provider info prior to transfer. Support, reassurance provided. Spoke with ED manager Al. Noted security presented to room to speak with pt. Writer left message x 2 for Dr. Pawlaczyk surrounding specific witnessed safety concerns -pt. verbalized Dr. Pawlaczyk and resident who accompanied to ED able to visit participate. Referral faxed to Ascension Rochester, spoke with Amy at Ascension Rochester to notify writer faxed referral. Noted UDS amphetamine +. Pt. denied any substance abuse to writer or being on any medications. Spoke with RN Rachel. Met with pt. Provided update. Pt. now reporting he is prescribed "adderall 30mg twice a day." Message left for Amy at Ascension Rochester to inquire about status.

Discharge Plan

Notes:

Inpatient psychiatric placement

Discharge Plan is not complete at this time due to Answers: Pending Appropriate Available Bed

EXHIBIT 9

1 UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF MICHIGAN
3
4

5 AHMED ELZEIN,
6 Plaintiff,
7

8 -vs-

Case No. 22-CV-12352
9

10 ASCENSION GENESYS HOSPITAL,
11 Defendant.
12 _____/

13
14
15
16 DEPONENT: KATHLEEN SCOTT, MSW

17 DATE: Thursday, October 12, 2023

18 TIME: 3:45 p.m.

19 LOCATION: VIA ZOOM VIDEOCONFERENCE

20 REPORTER: Karen Fortna, CRR/RMR/RPR/CSR-5067

21 JOB NO: 26455
22
23
24
25

AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
SCOTT, KATHLEEN 10/12/2023

Job 26455
46..49

<p style="text-align: right;">Page 46</p> <p>1 treatment, then we need to do that legally.</p> <p>2 Q. Right. There's a legal process that you have to</p> <p>3 follow; is that correct?</p> <p>4 A. Yes.</p> <p>5 Q. And you've been trained in terms of what the legal</p> <p>6 process is?</p> <p>7 A. Yeah. I mean, Ascension specific, I mean, I don't</p> <p>8 know if I ever received any formal training, but...</p> <p>9 Q. I mean, in your entire career as a social worker,</p> <p>10 have you been trained on --</p> <p>11 A. Oh, yeah, yes, the Mental Health Code, absolutely,</p> <p>12 everything.</p> <p>13 Q. You're familiar with Michigan Mental Health Code?</p> <p>14 A. I am.</p> <p>15 Q. And you're familiar with the requirements of the</p> <p>16 Mental Health Code of how somebody is to be</p> <p>17 involuntarily committed, correct?</p> <p>18 A. Correct.</p> <p>19 Q. And that involves a petition to the probate court,</p> <p>20 correct?</p> <p>21 A. Right. We don't -- like that happens after they</p> <p>22 get to the hospital. That's why the stuff at the</p> <p>23 bottom, you'll see on the bottom of the petition,</p> <p>24 once they get there, it's my understanding they go</p> <p>25 through, they get a copy of both. And I always</p>	<p style="text-align: right;">Page 48</p> <p>1 Q. Did you maintain any of the fax transmittal</p> <p>2 documents from that fax?</p> <p>3 A. Not that I know of, no. That's not -- normally we</p> <p>4 would not do that, no.</p> <p>5 Q. Do you know for sure --</p> <p>6 A. They would confirm, like, who we talked to. If</p> <p>7 they hadn't received it, they wouldn't accept a</p> <p>8 patient, you know what I mean, I mean, unless there</p> <p>9 was some egregious error on their part, but I can't</p> <p>10 imagine that happening.</p> <p>11 Q. Well, did you ever attempt to see if anything was</p> <p>12 ever filed in any probate court for Dr. Elzein?</p> <p>13 A. No, but normally we would receive notification</p> <p>14 because if we're the petitioner or person that does</p> <p>15 the clinical cert, the physician, we would have,</p> <p>16 from probate court, received something. Now I will</p> <p>17 say, this hospital, sometimes we receive things</p> <p>18 sporadically and very past due and I don't know if</p> <p>19 that's a mail system issue here, but off the top of</p> <p>20 my head, I cannot recall if I ever got anything,</p> <p>21 but it's not uncommon to get probate court, like,</p> <p>22 notifications. Most of the time the hearings are</p> <p>23 way before I even get the notification.</p> <p>24 Q. You were the petitioner in this particular request</p> <p>25 to have Dr. Elzein confined to a psychiatric</p>
<p style="text-align: right;">Page 47</p> <p>1 try -- like if somebody is not -- I try to check</p> <p>2 the box on the second side that the hospitalization</p> <p>3 needs to be pending a hearing. They absolutely</p> <p>4 have the ability if they don't feel -- you know, to</p> <p>5 talk to a judge. And that happens --</p> <p>6 Q. After you -- hold on.</p> <p>7 After you fill out the petition,</p> <p>8 Exhibit 1, the first two pages of Exhibit 1, what</p> <p>9 do you physically do with the document?</p> <p>10 A. The original is on the chart and then it's faxed</p> <p>11 like with that referral to facilities.</p> <p>12 Q. So in this case, was it your understanding that</p> <p>13 Dr. Elzein was transferred to Havenwick Hospital?</p> <p>14 A. That was the plan. I don't know -- like I'm</p> <p>15 assuming that's where he went, but yes.</p> <p>16 Q. So Exhibit 1 -- actually the complete Exhibit 1,</p> <p>17 which would be both the petition and the</p> <p>18 certificate, in a normal process would have been</p> <p>19 faxed to Havenwick?</p> <p>20 A. Absolutely. They wouldn't have accepted a patient</p> <p>21 without having that.</p> <p>22 Q. Okay. Whose job is it to fax it to Havenwick?</p> <p>23 A. That would be me.</p> <p>24 Q. Did you fax Exhibit 1 to Havenwick?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 49</p> <p>1 facility, correct?</p> <p>2 A. Correct.</p> <p>3 Q. You've done this before?</p> <p>4 A. Absolutely, yeah.</p> <p>5 Q. And are you generally involved with the court</p> <p>6 process after that?</p> <p>7 A. No, not at all.</p> <p>8 Q. The courts don't want you to be involved?</p> <p>9 A. Like I said, on a rare occasion we'll get a note</p> <p>10 that somebody has requested a hearing, which is</p> <p>11 their right, but most of the time that hearing has</p> <p>12 already long past before I get notice of that.</p> <p>13 Q. And you don't do anything to follow up if anybody</p> <p>14 followed through and filed anything with the</p> <p>15 probate court?</p> <p>16 A. No, that's not -- and to my knowledge, that's not</p> <p>17 an Ascension -- like that's not anything that</p> <p>18 we're -- like it's not within our protocol.</p> <p>19 Q. You're the person saying to the court, "You need to</p> <p>20 have this person locked up against their will," and</p> <p>21 that's what you're doing in Exhibit 1, correct?</p> <p>22 MR. WASLAWSKI: Objection. Form.</p> <p>23 THE WITNESS: I don't -- no, absolutely</p> <p>24 not, and I object to that. Locked up against their</p> <p>25 will? Absolutely not. Seen for a formal eval to</p>

EXHIBIT 10

CONFIDENTIAL - subject to protective order

From: Andrew Vosburgh <[REDACTED]>
Sent: Monday, January 25, 2021 2:24 PM
To: Marney Daugherty
Subject: Fwd: IM resident-AGH

----- Forwarded message -----

From: Barbara Pawlaczyk <[REDACTED]>
Date: Thu, Nov 12, 2020 at 7:16 AM
Subject: IM resident-AGH
To: Andrew Vosburgh <[REDACTED]>

Dear Dr. Vosburgh,

Dr. Elzein who was supposed to be evaluated by you next Monday was escorted yesterday to ED and based on the information I have, was admitted to a psychiatric hospital.

Could you please advise me on the next step? I assume that he would have to be evaluated by you before coming back to work.

I am going to contact HR as well but is there anything else that I am supposed to do? Can or should I contact his family? I know that they were aware of his situation yesterday. Dr. Elzein did not want to go to ED but finally he agreed. I am glad that he did because now he will get needed help.

Thank you so much for your help and advice. I really appreciate it.

-Barbara

Barbara Pawlaczyk, MD, FACP
Program Director
Internal Medicine Residency Program
Ascension Genesys Hospital
810-606-5000

CONFIDENTIAL - subject to protective order

Ascension (Elzein) 000791

EXHIBIT 11

**HAVENWYCK****HOSPITAL**

Auburn Hills, Michigan 48326

ELZEIN; AHMED

M# 000097619 11/13/1992

1054315-0014 11/12/2020

BCBS ASCENSION SMART HEA

D. YOON MD M IPL

NURSES SECTIONS: YELLOW Pages 1-17

SOCIAL WORKERS SECTIONS: BLUE Pages 18-25

RECREATIONAL THERAPY: GREEN Page 26

INTEGRATED ASSESSME...**IDENTIFYING INFORMATION/NURSING**

Patient Name: <u>Ahmed Elzein</u>		Date: <u>11-12-2020</u>	Time: <u>0400</u>
Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG:		Preferred Pronoun & Name:	
DOB: <u>11.13.92</u>	Age: <u>27</u>	Eye Color: <u>Brown</u>	Hair Color: <u>Black</u>
Address: <u>700 Cedar Rainbow</u>	City: <u>Grand Blaine</u>	State: <u>MI</u>	Zip: <u>48439</u>
Parent/Legal Guardian/DPOA Name:		Relationship to Patient:	Phone #:
Best Contact for parent/guardian for medication consents:			
Marital Status: (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Race: <u>Sudanese</u> <u>Middle Eastern/Asia</u>	
What form of transportation did the patient utilize to arrive at the facility?	<input type="checkbox"/> Family or friend <input type="checkbox"/> Personal vehicle	<input type="checkbox"/> Facility Transport <input type="checkbox"/> Non-emergent transport	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Ambulance <input type="checkbox"/> Medicaid Transport <input type="checkbox"/> Other:
Patient accompanied by: <u>EMAS</u>		Is patient DHS Ward of Court: _____ Temp/Permanent?	
Transferred from and/or Referring Professional (check one): <input checked="" type="checkbox"/> Emergency Department: <u>Ascension Genesys</u> <input type="checkbox"/> Scheduled assessment <input type="checkbox"/> Walk-In <input type="checkbox"/> Other:		<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input checked="" type="checkbox"/> Petition & Clinical Certificate Reviewed	
Date of last Physical: <u>REF</u>		Date of Last Tetanus: <u>REF</u>	

VITALS

Height:	Weight (actual):	Weight (stated):	BMI:
Temperature:	Respirations:	Pulse:	BP: <u>1</u>

ALLERGIES

<input type="checkbox"/> NKA <input type="checkbox"/> Iodine <input type="checkbox"/> Tape <input type="checkbox"/> Peanuts <input type="checkbox"/> Latex <input type="checkbox"/> Shellfish Type of Reaction: _____	
Medication: _____	Type of Reaction: _____
Medication: _____	Type of Reaction: _____
Other: _____	Type of Reaction: _____

PRESENTING PROBLEM

SOURCE OF INFORMATION: <input type="checkbox"/> Patient <input type="checkbox"/> Legal Guardian/DPOA <input checked="" type="checkbox"/> Records <input type="checkbox"/> Collateral Information provided by:	
--	--

CHIEF COMPLAINT (in patient's own words):

pt Ref to answer, stating "I do not know why I'm here!"



ELZEIN, AHMED
M# 000097619 11/13/1992
1054315-0014-11/12/2020
BCBS ASCENSION SMART HEA
D. YOON MD M IPL

NURSES SECTIONS-YELLOW Pages 1-17
SOCIAL WORKERS SECTIONS-BLUE Pages 18-25
RECREATIONAL THERAPY-GREEN Page 26

INTEGRATED ASSESSME.**PROBLEM REQUIRING TREATMENT**

Must be completed within 72 hours (Acute Units & PHP) Must be completed prior to Tx Plan.

SOURCE OF INFORMATION:

☒ Patient ☐ Parent/Legal Guardian/POA ☒ Records ☐ Collateral Information provided by:

Reason for treatment/ Chief complaint / Perception of the situation in the patient's own words:

Per patient: "I don't know I guess I was stressed out."

Current symptoms: cloudiness, poor eye contact, vague responses, poor insight, paranoia, delusions.

What are your goals for treatment?

"I don't know"


**HAVENWYCK
HOSPITAL**

Auburn Hills, Michigan 48326

ELZEIN, AHMED

M# 000097619 11/13/1992

1054315-0014 11/12/2020

BCBS ASCENSION SMART HEA

D. YOON MD M IPL

NURSES SECTIONS YELLOW Pages 1-17

SOCIAL WORKERS SECTIONS BLUE Pages 18-25

RECREATIONAL THERAPY GREEN Page 26

INTEGRATED ASSESSMENT**SAFETY/RISK/CONCERNS**
 ATTENTION TO ALL SAFETY/RISK/CONCERNS IDENTIFIED BY THERAPIST, INCLUDE ALL SAFETY/RISK/CONCERNS IDENTIFIED BY VISUAL CUE SHEET, A&R,
 NURSING & PSY. EVAL. EACH ITEM CHECKED MUST BE LISTED ON PRIORITY PROBLEM LIST IN TREATMENT PLAN SECTION.

- ☐ Suicide Risk / Danger to Self
☐ Self-Injury Risk
☐ Homicidal
☐ Assault Risk/ Danger to others

- ☐ Sexual Acting-Out (SAO) Risk-AGGRESSOR
☐ VICTIM-Trauma/Abuse
☐ Elopement Risk
☒ Psychosis AH VH TH / Command

- ☐ Substance Use/Abuse/Dependence
☐ Mania / Anxiety / Panic attacks
☐ Other

CLINICAL FORMULATION AND SUMMARY

Per Clinical Certificate: This patient is a resident physician in the program director and a fellow resident express concern for his safety. They cite delusional behavior including accusing a work mate of placing a bomb in a locker and accusing a fellow of placing a "toxic, dangerous item" in his pocket.

He is a 28 yo male who presented calm yet guarded in his responses. He has poor insight into the reason for his hospitalization. He had poor eye contact and was flat affect. He denied prior tx. He denied any family history of mental illness. He did agree to take medications prescribed by doctor. It was prescribed Risperdal 2mg.

What are the necessary steps for discharge to occur? Describe interventions needed to address discharge barriers:

mood stabilization
 medication compliance
 verbal & consistent ST/HF
 attend group therapy
 commit to aftercare



ELZEIN, AHMED
M# 000097619 11/13/1992
1054315-0014 11/12/2020
BCBS ASCENSION SMART HEA
D. YOON MD M IPL

2 NURSES SECTIONS-YELLOW Pages 1-17
SOCIAL WORKERS SECTIONS-BLUE Pages 18-25
RECREATIONAL THERAPY-GREEN Page 26

INTEGRATED ASSESSMENT

Identify the high risk psychosocial issues that requiring early treatment planning and intervention (i.e.; unattended children, adult caregiver for another, etc.)

None


Community resources and supports for utilization in discharge planning ? (i.e.; aftercare treatment resources, housing, financial aid)

Private Outpatient

Anticipated social work role in treatment and discharge planning?

provide support and guidance
provide psychoeducation
contact family
arrange after care

Title	Printed Name & Licensure	Signature	Date	Tin
Completed by: Social Worker	Nora A. Zein, MD, PhD	[Signature]	11-13-2016	52



HAVENWYCK HOSPITAL
1525 University Drive
Auburn Hills, MI 48326

Patient Name: ELZEIN, AHMED
Physician: DO SYNG YOON, MD
MRN: 097619
Admit Date: 11/12/2020
Unit: UNTD IPL

This patient care visit is being conducted via telemedicine.

Staff present with the patient during this telemedicine session: Eric Hill.




DATE AND TIME EVALUATED: 11/12/2020 at 10:50 a.m.

AGE: 27 years

This is a 27-year-old single African American male, who lives by himself.

JUSTIFICATION FOR HOSPITALIZATION: He was very suspicious, paranoid, delusional. He believes that people put harmful objects in his pocket.

CHIEF COMPLAINT: He states that he was not doing well and tired. He was lacking sleep.



HISTORY OF PRESENT ILLNESS: He has no previous psychiatric treatment. He stated that he was overworking. He was tired and lacking sleep at night. He stated that some of his friends became very concerned about him, but he did not go into details; however, it was reported that he was acting bizarre. He was suspicious, paranoid, delusional. He said people putting some harmful objects in his pocket such as putting poisons. His training director became very concerned.

PAST PSYCHIATRIC HISTORY: None.

CURRENT PSYCHIATRIC MEDICATIONS:

SUBSTANCE ABUSE/DEPENDENCE/USE HISTORY: None.

MEDICAL HISTORY: None.

ALLERGIES: None.

SOCIAL HISTORY: He is living by himself, working as internal medicine resident. His parents are still married and living together. He grew up with them. He denies being abused while growing up. He is currently internal medicine resident. He has no legal issues.

FAMILY HISTORY: Family history of mental illness: None.

**TELEMEDICINE PSYCHIATRIST EVALUATION
ADMISSION HISTORY AND EXAMINATION**

HAVENWYCK HOSPITAL

Patient Name: ELZEIN, AHMED

MRN: 097619

MENTAL STATUS EXAMINATION:

General Appearance: He is casually dressed.
Attitude/Behavior: He is guarded, evasive.
Motor Activity: Within normal limit.
Affect: Blunted.
Mood: Anxious.
Speech/Language: Speech: Normal.
Thought Processes: Logical.
Thought Content: He is paranoid and delusional.
Suicidal Risk: He is not expressing anything suicidal.
Homicidal Risk: He is not expressing anything homicidal.
Orientation: Fully oriented to time, place, and person.
Concentration/Attention Span: Concentration: Intact. Able to stay focused in conversation throughout the interview.
Recent Memory: Intact. He can give some of circumstances leading to admission.
Remote Memory: Intact. Able to give past life events.
Abstract Reasoning: Intact. Able to understand questions clearly, giving relevant replies.
Intelligence: Average. Good with vocabulary.
Judgment: Poor. Poor behavior prior to admission.
Insight: Poor. Poor understanding into the nature of his mental illness.

ADMITTING DIAGNOSES:

Psychiatric: Psychotic disorder, not otherwise specified (NOS).

Medical: None.

Psychosocial and Contextual Factors: To be further assessed.

PATIENT ASSETS: Average intelligence, employed, being in good physical health.

PATIENT LIMITATIONS: Poor insight.

PROBLEM LIST: Delusional and paranoid, poor insight.

INITIAL PLAN OF CARE: To provide with history and physical plus routine lab studies. He is started on Risperdal.

Program services: He is to receive medication management, group therapy, and recreational therapy on a daily basis.

Specific focus of treatment/services/care: To control symptoms of psychosis, to improve insight into the nature of his mental illness and his need for continued treatment.

Medication plan:

**TELEMEDICINE PSYCHIATRIST EVALUATION
ADMISSION HISTORY AND EXAMINATION**

HAVENWYCK HOSPITAL

Patient Name: ELZEIN, AHMED

MRN: 097619

Estimated length of stay: 1 week.

INITIAL DISCHARGE PLAN: To refer him to outpatient clinic upon discharge from the hospital.

PROGNOSIS: Fair.

I certify that:

- This patient requires hospitalization. This may include diagnostic studies.
- The hospitalization is age appropriate.
- There is a likelihood of a positive outcome.

On the basis of current available information, I anticipate that this patient will require medically necessary care beyond two (2) midnights.

Electronically Signed on 11/15/2020 07:45:23 PM (GMT 5:0)

Do Syng Yoon, MD

DSY/cp/mk

DD: 11/12/2020 01:49:08 PM

DT: 11/12/2020 06:09:27 PM

Job #: T1292417

**TELEMEDICINE PSYCHIATRIST EVALUATION
ADMISSION HISTORY AND EXAMINATION**

Job #T1292417

Page 3 of 3

HAVENWYCK HOSPITAL

1525 University Drive
Auburn Hills, MI 48326

Patient Name: ELZEIN, AHMED
Attending: DO SYNG YOON, MD
Medical Doctor: Namdeo Kale, MD
MRN: 097619
Admit Date: 11/12/2020
Interview Date: 11/12/2020
Date of Birth: 11/13/1992
Unit: UNTD

DATE AND TIME OF THE EXAMINATION: 11/12/2020, at 7:08 p.m.

REASON FOR CONSULTATION/CHIEF COMPLAINT: New patient H and P.

HISTORY OF PRESENT ILLNESS: This is a 28-year-old very pleasant male, who is currently admitted in the psychiatric facility in Havenwyck Hospital with unspecific psychosis. Patient denies any fever, chills, nausea, vomiting, diaphoresis. No cough. No expectoration. No hematemesis, melena, or hematochezia. Patient apparently was not sleeping well and also takes amphetamine for his ADHD, it is prescribed by the psychiatrist. He is not sleeping well due to patient is awake in the night and connectivity of online activity with friends. Patient denies any other issue, but he was tired and not sleeping well. Also, the patient noticed one time that during this phase, one of his colleagues, whom he did not know, had a locker next to him, came into the locker room area and put his head down put something in the locker, which caused him to become suspicious. Otherwise, no cough, no expectoration. No hematemesis, melena, or hematochezia. No COVID-19 exposure.

PREVIOUS PSYCHIATRIC ILLNESS: Significant for ADHD.

PRESENT MEDICAL ILLNESS: Flat feet, insomnia, and fatigue.

PREGNANCY HISTORY/STATUS: Male patient, not applicable.

PREVIOUS MEDICAL ILLNESS: Significant for flat feet, insomnia, fatigue.

PREVIOUS SURGERIES: Denies any.

KNOWN ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Patient denies use of alcohol, tobacco use, illicit drugs.

FAMILY HISTORY: Noncontributory.

CURRENT MEDICATIONS: Patient takes amphetamine 30 mg b.i.d.

REVIEW OF SYSTEMS: A 14-point review of systems obtained. Pertinent positive, negative documented in chart.

HISTORY AND PHYSICAL

HAVENWYCK HOSPITAL

Patient Name: ELZEIN, AHMED

MRN: 097619

GENERAL APPEARANCE AND PHYSICAL EXAMINATION:

General Appearance: Patient is alert, oriented x3, not in acute distress. Patient was cooperative.

Vital Signs: Patient's vitals are stable. Blood pressure is stable in the chart.

HEENT: Normal.

Neck: Supple. JVD is not raised.

Lymph Nodes: Normal.

Chest: Bilateral air entry is equal.

Heart: S1, S2 is normal. There is a S4 present. There is a small systolic murmur, which is in the aortic area.

Abdomen: Soft, nontender. Bowel sounds plus.

Spine and Extremities: Show foot calluses and flat feet.

Skin: No rashes.

Neurologic: CNS: No lateralizing sign. Cranial nerve examination: Grossly intact, I through XII. Motor system examination: Power is 5/5 in all 4 extremities without any incoordination or atrophy. Gait is normal.

External Genitalia (or reason for deferral): Deferred because of no symptom.

Pelvic Exam (or reason for deferral): Not applicable in male patient.

Rectal Exam (or reason for deferral): Deferred because of no symptom.

ASSESSMENT:

1. Foot calluses.
2. Flat feet.
3. Insomnia.
4. Fatigue.
5. Unspecific psychosis.
6. Attention deficit hyperactivity disorder (ADHD).
7. EKG revealed left ventricular hypertrophy (LVH).

RECOMMENDATIONS/PLAN: We will continue current care. Discuss with patient about sleep hygiene and follow up with psychiatrist for ADHD and also he would benefit from a 2D echo. Patient understands the recommendation and he will follow.

Electronically Signed on 11/14/2020 09:34:42 AM (GMT 5:0)

Namdeo Kale, MD

NK/vr/rk/sc

DD: 11/13/2020 12:38:56 AM

DT: 11/13/2020 04:14:25 PM

Job #: T1293646

HISTORY AND PHYSICAL

Job #T1293646

Page 2 of 3

HAVENWYCK HOSPITAL

Patient Name: ELZEIN, AHMED

MRN: 097619

HISTORY AND PHYSICAL

Job #T1293646

Page 3 of 3

HAVENWYCK HOSPITAL
1525 University Drive
Auburn Hills, MI 48326

Patient Name: ELZEIN, AHMED
Physician: DO SYNG YOON, MD
MRN: 097619
Admit Date: 11/12/2020
Unit: UNTD

This patient care visit is being conducted via telemedicine.

Staff present with the patient during this telemedicine session: Lindsey, RN.

DATE AND TIME SEEN: 11/13/2020 at 8:15 in the morning.

RESPONSE TO TREATMENT/PROGRESS TOWARDS GOALS/SIGNIFICANT UPDATES: He seems to be guarded. He stated that he got stressed out and lacking sleep prior to admission. He partly admitted he got paranoid prior to admission, but he does not seem to have good insight into unusual behavior prior to admission. He gets irritated at times. He denies hearing voices.

MENTAL STATUS EXAMINATION: Casually dressed. Evasive. Not agitated. Appropriate affect. Stable mood. Normal speech. Logical thought process. Still paranoid. Insight: Poor. Judgment: Poor.

ASSESSMENT: He remains unchanged.

TREATMENT PLAN: To keep him in the hospital for the next 4 to 5 days and to continue the current treatment plan with medications he is taking.

"I certify that the inpatient psychiatric facility services furnished since the previous certification were, and continue to be, medically necessary for, either treatment which could reasonably be expected to improve the patient's condition or diagnostic study and that the hospital records indicate that the services furnished were either intensive treatment services, admission and related services necessary for diagnostic study, or equivalent services.

I certify that the patient continues to need, on a daily basis, active treatment furnished directly by or requiring the supervision of inpatient psychiatric facility personnel."

Electronically Signed on 11/15/2020 07:49:27 PM (GMT 5:0)

Do Syng Yoon, MD

DSY/yr/sc

DD: 11/13/2020 12:05:37 PM

DT: 11/13/2020 10:42:12 PM

Job #: T1294224

TELEMEDICINE PSYCHIATRIC PROGRESS NOTE

Job #T1294224

Page 1 of 1


**HAVENWYCK
HOSPITAL**

Auburn Hills, Michigan 48326

ELZEIN, AHMED 2
M# 000097619 11/13/1992
1054315-0014 11/12/2020
BCBS ASCENSION SMART HEA
D. YOON MD M IPL

TRANSITION OF CARE: DISCHARGE PLAN – PART I (To be completed by Physician)

REASON FOR ADMISSION: *Paranoid & racing thoughts, delusions*
Procedures/Tests Performed During Hospitalization: ☐ Lab ☐ X-ray ☐ EKG ☐ Other

Summary of Results:
N/A

 Are there any lab or x-ray results pending at discharge? ☐ Yes ☒ No

If yes, Facility Contact/Phone # to obtain results of any pending tests:

MEDICAL FOLLOW-UP REQUIRED:
Follow up w/ primary care providers
PCP FOLLOW-UP, if applicable: ☐ Yes ☒ No

LAB FOLLOW-UP, if applicable: ☐ Clozaril/CBC last level:

 Next level due: ☐ 1 week ☐ 2 weeks

☐ Blood Level necessary:

☐ Depakote

☐ Lithium

☐ Other

DIET: ☒ Regular ☐ Special diet

Activity Restrictions: *N/A*
Tobacco Cessation Medication at Discharge:
☐ N/A (Pt is not a smoker or smokes less than 1/4 pk per day.)

☒ Patient declined smoking cessation medications at the time of discharge.

☐ OTC/prescription medications for tobacco cessation are recommended and listed on discharge medication document.

DISCHARGE MEDICATIONS: (See attached Discharge Medication Reconciliation Document.)
DISCHARGE DIAGNOSES and FUNCTIONING
Psychiatric Diagnosis:
Psychotic del. NOS
Psychiatric Functioning at time of Discharge:
stable
Medical Diagnosis:
none
Medical Functioning at time of Discharge:
n/a
Dr. Yoon

Physician Printed Name

D. Yoon MD

Signature

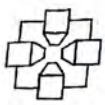
11/17/20

Date

1214

Time

EXHIBIT 12



**HAVENWYCK
HOSPITAL**

11/17/2020

RE: Ahmed Elzein
DOB: 11/13/1992

To Whom It May Concern:

This letter is being written on behalf of Mr. Ahmed Elzein. Please be advised that Mr. Elzein was hospitalized at Havenwyck Hospital on 11/12/2020 under the care and supervision of Dr. Yoon. He was discharged on 11/17/2020. Please excuse Mr. Elzein from all work related obligations he may have missed during his hospitalization. He can return to work on 11/23/20 with no restrictions.

For any additional questions or concerns, please contact the social work department at 248-373-9200 extension 8049

Sincerely,

Nori A. Stein, LMSW, ACSW

Nori A. Stein, LMSW, ACSW
Clinical Social Worker

EXHIBIT 13

CONFIDENTIAL - subject to protective order

11/30/2020 @ 4:30pm call with Ahmed Elzein and Barbara Pawlaczyk, Marney Daugherty (notes)

We need return to work clearance due to the behaviors you exhibited when you went to the ER. We need this clearance from Dr. Vosburgh or the physician that treated these behaviors. If you provide a letter it needs to state the dates you were seen, treated and cleared from work

Dr. Elzein will provide a return to work note.

You can provide the note to me or I'll get a contact in Occupational Health

Dr. Elzein - What did you tell Occ Health when you say them to return to work? Dr. Elzein said I told him I was stressed out at work, not feeling well, runny nose. I went to the ER although I didn't see a clear reason to go to the ER.

Did you tell her you were admitted to the hospital? Yes and I was discharged.

Asked Dr. Pawlaczyk to leave because Dr. Elzein wanted to talk to me

I felt uncomfortable when they asked me to go to the ER. I was feeling stressed because I had just raised issues to my senior Dr. Natalia Baj-osiewicz about an incident that occurred.

On November 11, 2020 I was in the intern room (for 1st years) praying and an ER resident, Brett Hinsley told me to go back where I came from. Another internal medicine resident witnessed the event, Kanksha Peddi and a female gynecological intern, I don't know her name. I told Natalia and she said I should tell Dr. Pawlaczyk. I told Dr. Pawlaczyk and she didn't believe me and it stressed me out. They forced me to go to the ER and called security, security came with a wheelchair to intimidate me. They said if you don't come we will take you without choice. I felt scared at that point and went.

I've been one of the best residents and I didn't understand what was going on. The physician got her side of the story and then came to me. ER physician agreed with her and then another physician saw me and didn't think I had symptoms. However, Dr. Pawlaczyk and Dr. K (ER physician) signed a letter to admit me to another hospital. The ER physician directed the nurses to take my belongings including my phone.

Marney confirmed he did apply for a leave of absence.

I don't want to be seen by Dr. Vosburgh, he knew all my medical information and deficiencies in my work performance. He made me uncomfortable. Marney said what information did Dr. Vosburgh share? He knew the hospital I was admitted to. Marney

CONFIDENTIAL - subject to protective order

said did you provide the letter from the hospital at your return to work appointment? He said well yes. I said then that is how Dr. Vosburgh knew where you were hospitalized.

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Ascension (Elzein) 000614

EXHIBIT 14

Ascension
Michigan at Work



Ascension

MEDICAL STATUS REPORT

Ascension Genesys Hospital

1 Genesys Parkway, Suite 1620

Grand Blanc, MI 48439

Phone: 810-606-5957 | Fax: 810-606-5907

Name: Elzein, Ahmed

Date of Birth: 11/13/1992

Company Name: Ascension Genesys Hospital

Time Arrived: 07:40

Time Out: _____

☐ DOT Exam: ☐ Pass ☐ Fail

☐ Respirator Clearance: ☐ Pass ☐ Fail

☐ Post-Offer/Pre-Hire Exam: ☐ Pass ☐ Fail

☐ Respirator Fit Test: ☐ Pass ☐ Fail

☐ Annual Exam: ☐ Pass ☐ Fail

☐ Controlled Substance Testing: ☐ Neg ☐ Pos

☐ MCOLES: ☐ Pass ☐ Fail

☐ Lift Test: _____ lbs. ☐ Pass ☐ Fail

☐ Hazmat Exam: ☐ Pass ☐ Fail

☐ TB Test (PPD): ☐ Neg ☐ Pos

☐ Chest Xray: _____

☐ Audiogram: _____

☐ PFT: _____

☐ Breath Alcohol Test: _____ ☐ Grip Test: _____ ☐ Other: _____

☐ Titers: _____ ☐ Vaccines: _____

☐ Remarks: _____

☐ Approved ☐ Approved, pending results of: _____

☐ Deferred, pending results of: _____

☐ Not Approved:

☐ Comments: _____

☒ Return to Work Status:

☒ Can return to regular work on: 11/23/2020

☐ Can return to restricted work on: _____ with the following restriction(s): _____

☐ Is unable to work

Examiner's comments: _____

Additional comments/remarks: _____

Examiner: Burhan M. Tajour, MD

Examiner Signature: _____

Date: 11/23/2020

Next Appointment: 11/23/2020

10:45 AM

Patient Signature: _____

Date: 11/23/2020

EXHIBIT 16

CONFIDENTIAL - subject to protective order

From: Shakun Pacer <[REDACTED]>
Sent: Monday, November 30, 2020 12:06 PM
To: Andrew Vosburgh
Subject: Fwd: Dr. Elzein-phi-

fyi.

Shakun Pacer, RN., B.S.N., [https://\[REDACTED\]](https://[REDACTED])

Regional Manager, Ascension Michigan At Work

Ascension Genesys, St. Mary's, Standish & St. Joseph Hospital

Phone: [REDACTED]

Fax: 810-606-5907

Pager: [REDACTED]

[REDACTED].org

----- Forwarded message -----

From: Shakun Pacer <[REDACTED]>
Date: Mon, Nov 30, 2020 at 9:40 AM
Subject: Fwd: Dr. Elzein-phi-
To: Burhan Tajour <[REDACTED]>

Hi Dr. Tajour,

Hope you had a good holiday weekend.

Resident, Dr. Elzein was cleared and RTW by you last Monday which I came to know he was to be seen for a FFD with Dr. Vosburgh but refused to be seen for it. Looks like there was some miscommunication as he should have never been RTW in light of this FFD refusal so I need you to reach out to him to retract his RTW.

I am meeting with the program director this morning to explain things b/c she is asking about his status so I will be informing her that you were not aware of his FFD refusal and had returned him to work based on a non occupational, personal medical clearance.

Let me know if you have any questions. Thanks.

Shakun Pacer, RN., B.S.N., [https://\[REDACTED\]](https://[REDACTED])

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Ascension (Elzein) 000786

CONFIDENTIAL - subject to protective order

Regional Manager, Ascension Michigan At Work

Ascension Genesys, St. Mary's, Standish & St. Joseph Hospital

Phone: [REDACTED]

Fax: 810-606-5907

Pager: [REDACTED]

[REDACTED].org

----- Forwarded message -----

From: **Jessica Russo** <[REDACTED]>

Date: Wed, Nov 25, 2020 at 12:12 PM

Subject: Re: Dr. Elzein-phi-

To: Shakun Pacer <[REDACTED]>

Shakun,

My understanding was that he went to the RTW appt at Genesys first and thought he was seeing Dr. Vosburgh afterwards for formality purposes. He should not be cleared to RTW at this point as he refused his Fitness for Duty appointment with Dr. Vosburgh. It appears there was some miscommunication along the way between his program director and Dr. Elzein.

On Tue, Nov 24, 2020 at 9:40 AM Shakun Pacer <[REDACTED]> wrote:

Jessica,

I see in systoc he was RTW yesterday by Genesys provider. I'm confused now? Can you find out if he is supposed to be working or not b/c if he is to have a FFD and refused, why was he RTW yesterday? I have to get back to his manager about this.

Shakun Pacer, RN., B.S.N., https://[REDACTED]

Regional Manager, Ascension Michigan At Work

Ascension Genesys, St. Mary's, Standish & St. Joseph Hospital

Phone: [REDACTED]

Fax: 810-606-5907

Pager: [REDACTED]

[REDACTED].org

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Ascension (Elzein) 000787

CONFIDENTIAL - subject to protective order

On Tue, Nov 24, 2020 at 5:08 AM Jessica Russo <[REDACTED]> wrote:
Hi Shakun,

Emily told me that he arrived at his appointment with Dr. Vosburgh yesterday and refused to be seen. He said he didn't know it was "this type of appointment" and said he needed to speak with friends/family plus gather paperwork before he would be able to reschedule.

I'll keep you posted once I know more!

I hope you have a great Thanksgiving!

On Mon, Nov 23, 2020 at 2:32 PM Shakun Pacer <[REDACTED]> wrote:
Hi Jessica,
Hope you are doing well.
Do you have any information on this resident and a fitness for duty? See below.

Shakun Pacer, RN., B.S.N., [https://\[REDACTED\]](https://[REDACTED])

Regional Manager, Ascension Michigan At Work

Ascension Genesys, St. Mary's, Standish & St. Joseph Hospital

Phone: [REDACTED]

Fax: 810-606-5907

Pager: [REDACTED]

[REDACTED].org

----- Forwarded message -----

From: **Helena Kurowski** <[REDACTED]>
Date: Mon, Nov 23, 2020 at 2:30 PM
Subject: Re: Dr. Elzein
To: Shakun Pacer <[REDACTED]>

That is a good question. Something that outlines his ability to return to work? If you do not have that, could you tell me if he has been seen in employee health for any reason recently?

Helena

On Mon, Nov 23, 2020 at 2:25 PM Shakun Pacer <[REDACTED]> wrote:

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Ascension (Elzein) 000788

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Hi Helena,

What type of "report" are you looking for?

Shakun Pacer, RN., B.S.N., [https://\[REDACTED\]](https://[REDACTED])

Regional Manager, Ascension Michigan At Work

Ascension Genesys, St. Mary's, Standish & St. Joseph Hospital

Phone: [REDACTED]

Fax: 810-606-5907

Pager: [REDACTED]

[REDACTED].org

On Mon, Nov 23, 2020 at 2:03 PM Helena Kurowski <[REDACTED]> wrote:

Shakun, have you done (or made arrangements for) any sort of "fit for duty" evaluation on my resident, Ahmed Elzein? Dr. Elzein states he has spoken with your office, but we have not received any reports.

Thank you,

Helena

--

Helena M. Kurowski, Program Manager

Internal Medicine Residency

Ascension Genesys Hospital

1 Genesys Parkway

Grand Blanc, MI 48439

T: [REDACTED]

F: 810-606-5636

www.genesys.org/meded

--

Helena M. Kurowski, Program Manager

Internal Medicine Residency

Ascension Genesys Hospital

1 Genesys Parkway

Grand Blanc, MI 48439

T: [REDACTED]

CONFIDENTIAL - subject to protective order

F:810-606-5636

www.genesys.org/meded

--

Jessica Russo

BSN, RN, Ascension Michigan at Work

Ascension Providence Hospital - Novi Campus

47601 Grand River Avenue Suite B230

T: [REDACTED]

F: 248-465-4872

--

Jessica Russo

BSN, RN, Ascension Michigan at Work

Ascension Providence Hospital - Novi Campus

47601 Grand River Avenue Suite B230

T: [REDACTED]

F: 248-465-4872

EXHIBIT 17

1 UNITED STATES DISTRICT COURT
2 FOR THE EASTERN DISTRICT OF MICHIGAN
3

4 AHMED ELZEIN,
5 Plaintiff, Case No. 22-cv-12352
6 vs Vol. 2
7 ASCENSION GENESYS HOSPITAL,
8 Defendant.
9 -----/

10
11 DEPONENT: MARNEY DAUGHERTY
12 DATE: Monday, October 23, 2023
13 TIME: 9:33 a.m.
14 LOCATION: Zoom Video Conference
15 REPORTER: Heidi A. Cook, CSR-4827
16 Job No.: 26633
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AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
DAUGHERTY, MARNEY 10/23/2023

Vol II, Job 26633
34..37

<p style="text-align: right;">Page 34</p> <p>1 And in your general practice as</p> <p>2 a Human Resources professional, when you</p> <p>3 communicate to an employee that they had not</p> <p>4 met their return to work requirements, do you</p> <p>5 generally do that in writing or verbally, or</p> <p>6 does it vary?</p> <p>7 A It could vary.</p> <p>8 Q And when you explain that to the employees, do</p> <p>9 you generally tell them why it was</p> <p>10 insufficient?</p> <p>11 A Generally, yes, I would.</p> <p>12 Q Okay. If we could go back to Exhibit 6 for a</p> <p>13 moment, which is the December 1st E-mail from</p> <p>14 Dr. Elzein to you.</p> <p>15 A Yep. I have it up.</p> <p>16 Q Can you look about --</p> <p>17 MS. LEBEAU: Give me a second to</p> <p>18 get caught up. Okay. I've got it. Go ahead.</p> <p>19 Q (By Mr. Stempien) So the December 1st E-mail</p> <p>20 from Dr. Elzein to you, about half way through</p> <p>21 the second paragraph Dr. Elzein says, Just to</p> <p>22 reaffirm that if determined on an objective</p> <p>23 evidence, as accepted by Ascension policy, that</p> <p>24 I require a fit for work assessment, I will</p> <p>25 abide by this decision and Ascension may refer</p>	<p style="text-align: right;">Page 36</p> <p>1 A Because he needed to see Dr. Vosburgh to be</p> <p>2 returned to work.</p> <p>3 Q There was no other physician that could return</p> <p>4 him to work other than Dr. Vosburgh, anywhere</p> <p>5 in the United States he says even; there was</p> <p>6 nobody?</p> <p>7 A We asked him to be seen by Dr. Vosburgh, and he</p> <p>8 agreed, and asked me to E-mail him appointment</p> <p>9 times, and he never responded.</p> <p>10 Q Okay. But here he asks to be seen by any other</p> <p>11 occupational health physician other than</p> <p>12 Dr. Vosburgh, correct?</p> <p>13 MS. LEBEAU: I'll object to the</p> <p>14 form of the question. I don't think that's</p> <p>15 actually what it says, but go ahead.</p> <p>16 THE WITNESS: He said -- he did</p> <p>17 not say, I will not be seen by Dr. Vosburgh; he</p> <p>18 says, I am requesting a fair and unbiased</p> <p>19 assessment from any occupational health</p> <p>20 physician within Ascension that you recommend.</p> <p>21 Q (By Mr. Stempien) Okay. Did you suggest any</p> <p>22 other occupational physicians?</p> <p>23 A No.</p> <p>24 Q Did it have to be Dr. Vosburgh?</p> <p>25 A Yes.</p>
<p style="text-align: right;">Page 35</p> <p>1 me to any occupational health physician of</p> <p>2 their choice. I brought up my concerns about</p> <p>3 Dr. Vosburgh, regarding him making a biased</p> <p>4 assessment due to my experience with him where</p> <p>5 he had a prior knowledge of my history without</p> <p>6 my consent, as well as knowledge of my</p> <p>7 educational performance.</p> <p>8 Then he says, I am requesting a</p> <p>9 fair and unbiased assessment from any</p> <p>10 occupational health physician within Ascension</p> <p>11 you recommend, be it within the State of</p> <p>12 Michigan or anywhere in the U.S., even at my</p> <p>13 own expense.</p> <p>14 I am awaiting your reply</p> <p>15 regarding my return to work following your</p> <p>16 receipt of my clearance note sent yesterday.</p> <p>17 Did you respond to this E-mail,</p> <p>18 if you recall?</p> <p>19 A I don't recall. I'd have to see if I have an</p> <p>20 E-mail.</p> <p>21 Q So did you take Dr. Elzein up on sending him to</p> <p>22 any other occupational health physician other</p> <p>23 than Dr. Vosburgh?</p> <p>24 A No.</p> <p>25 Q Why?</p>	<p style="text-align: right;">Page 37</p> <p>1 Q And so Dr. Vosburgh, God forbid he died,</p> <p>2 Dr. Elzein would never be allowed to return to</p> <p>3 work because there's nobody else that could do</p> <p>4 it?</p> <p>5 MS. LEBEAU: Object to form and</p> <p>6 foundation. Come on, counsel.</p> <p>7 Q (By Mr. Stempien) Okay. But my point is, it</p> <p>8 could have been another physician, right, it</p> <p>9 didn't have to be Vosburgh, right?</p> <p>10 MS. LEBEAU: Asked and answered.</p> <p>11 Q (By Mr. Stempien) Okay. So it had to be</p> <p>12 Vosburgh. Okay. Why did it have to be</p> <p>13 Vosburgh?</p> <p>14 A That's who we asked him to go see to be</p> <p>15 returned to work.</p> <p>16 Q Is that the only reason?</p> <p>17 A I don't know.</p> <p>18 MS. LEBEAU: Counsel, are you</p> <p>19 going to mark these exhibits; I don't think</p> <p>20 we've been marking them as we've been going</p> <p>21 along. I just want to make sure I --</p> <p>22 MR. STEMPIEN: Yeah. I don't</p> <p>23 know. Do we actually -- I mean, we're in Zoom</p> <p>24 so I don't usually mark them. I guess any</p> <p>25 exhibit I mention, Michelle, my intent is to</p>

AHMED ELZEIN vs ASCENSION GENESYS HOSPITAL
DAUGHERTY, MARNEY 10/23/2023

Vol II, Job 26633
58..61

<p style="text-align: right;">Page 58</p> <p>1 He told you that he felt 2 intimidated, correct? 3 A I'm looking at my notes, because I remember him 4 saying he was uncomfortable; I remember him 5 saying he was stressed. I'm looking to see if 6 I documented intimidated. 7 Q It's in the paragraph on November 11, 2020. 8 It's the second to last line. 9 A Okay. Thank you. 10 Q Sure. 11 A Yes, he claimed that security was there with a 12 wheelchair to intimidate him. 13 Q Right. And then he also, in the last line, 14 said he felt scared at that point, and then 15 went to the ER? 16 A Yes, correct. 17 Q So being intimidated or being, describing being 18 intimidated into going to the ER, a complaint 19 like that, is that something that HR would be 20 involved in? 21 A Yes. Earlier, I thought you were asking if I 22 would investigate his care in the ER. I would 23 not investigate his care in the ER. 24 Q And I realize that, and that's why I backed up. 25 I did a poor job of laying the foundation for</p>	<p style="text-align: right;">Page 60</p> <p>1 medical records? 2 A No. 3 Q Dr. Elzein's? 4 A No. 5 Q Did you talk to any of the ER staff members 6 about Dr. Elzein and the November 11th 7 hospitalization? 8 A No, I don't believe I talked to any of them. I 9 helped -- I helped arrange interviews, but I 10 don't believe I was part of those interviews. 11 Q When you say arranged interviews, what do you 12 mean? 13 A For our attorney. 14 Q Oh, okay. That's fine. Yeah. I don't want to 15 know what the attorneys did. 16 All right. Any other 17 arrangements that you made for those people to 18 be interviewed by any non-attorneys? 19 A No. 20 Q After your interviews with Dr. Baj and 21 Dr. Pawlaczyk, did you close your investigation 22 into the allegations that Dr. Elzein made on 23 November 30th? 24 A Yes. 25 Q Did you make any findings?</p>
<p style="text-align: right;">Page 59</p> <p>1 what I was asking. 2 So now what I'm looking at is 3 that intimidating and feeling scared portion of 4 it. Did you take any steps to investigate 5 those complaints about being intimidated into 6 going into the ER? 7 A I investigated when I talked to Dr. Baj, or 8 Natalia, and Dr. Pawlaczyk. If I'm remembering 9 correctly, I talked about, where was security, 10 where was the wheelchair. I asked those 11 questions, yes. 12 Q And I didn't mark them as exhibits, but there 13 are a couple documents. You did fill out 14 documents of notes that you took while you 15 were, as a result of your interviews of 16 Dr. Pawlaczyk and Dr. Baj, correct? 17 A Correct. 18 Q Other than talking to those two, did you take 19 any other steps with regard to an investigation 20 of the allegations that he had been intimidated 21 into going into the ER? 22 A I did not. I talked to them. There was a 23 written statement from Dr. Natalia, there's a 24 written, but that is what I reviewed. 25 Q Okay. All right. Did you review any of his</p>	<p style="text-align: right;">Page 61</p> <p>1 A No. 2 Q Okay. And then in Exhibit 5, the last 3 paragraph, Dr. Elzein, when you're alone with 4 him, expressed concerns about being seen by 5 Dr. Vosburgh, correct? 6 A Yes. 7 Q And is the nature of his concern was that he 8 had his medical information and his work 9 performance deficiencies, correct? 10 A Yes. 11 Q He also told you that Dr. Vosburgh made him 12 feel uncomfortable, correct? 13 A Yes. 14 Q Did you ever consider having him seen by any 15 other doctor other than Dr. Vosburgh for a 16 fitness for duty? 17 A No. 18 Q Did you ever talk to Dr. Vosburgh about 19 Dr. Elzein's concerns, about being seen by him? 20 A I don't remember what conversation I had with 21 Dr. Vosburgh. 22 Q Did you speak to Dr. Vosburgh about Dr. Elzein 23 at all? 24 A I would have to review my notes, or look back. 25 I know there was communication with, I don't</p>

EXHIBIT 18

CONFIDENTIAL - subject to protective order

12/2/2020

Ascension Mail - Re: Invitation: Discuss return to work process @ Mon Nov 30, 2020 4:30pm - 5pm (EST) (ahmed.elzein@ascension.org)



Ascension

Marney Daugherty <[REDACTED]>

Re: Invitation: Discuss return to work process @ Mon Nov 30, 2020 4:30pm - 5pm (EST) (ahmed.elzein@ascension.org)

1 message

Ahmed Elzein <ahmed.elzein@ascension.org>

Tue, Dec 1, 2020 at 2:58 PM

To: Marney Daugherty <[REDACTED]>

Thank you for your email about not returning to work.

Just to recap on our yesterday's conversation, I want to emphasize that I will abide to any decision based Ascension rules and regulations.

I have a note to return to work without restriction from my physician that I handed over to Ascension occupational health physician. Based on this, Ascension health cleared me to return to work on 11/23. This clearance was entered in the system and accepted by HR that I am to start work on 11/23. Despite this Dr Pawlaczyk (my program director) advised me not to return to work. For this reason I contacted HR for further assistance.

Just to reaffirm that If determined on objective evidence, as accepted by Ascension policy, that I require a Fit for work assessment I will abide by this decision and Ascension may refer me to any occupational health physician of their choice. I brought up my concerns about Dr Vorsburg regarding him making a biased assessment due to my experience with him where had a prior knowledge of my history without my consent, as well as knowledge of my educational performance.

I am requesting a fair and unbiased assessment from any Occupational health physician within Ascension you recommend, be it within the state of Michigan or anywhere is in the US, even at my own expense.

I am awaiting your reply regarding my return to work following your receipt of my clearance note sent yesterday.

Until I receive further directions from you or my program director, or Human Resources, I will not return to work.

Thank you.

Ahmed Elzein

On Mon, Nov 30, 2020 at 5:10 PM Marney Daugherty <[REDACTED]> wrote:

Thank you for providing the return to work letter. Is this the same letter you gave to Associate Health when you saw Dr. Tajour on 11/23/2020?

Please see attached investigation statement form to write your statement of what happened on November 11th and return to me. Please do not report to work until you hear back from me or Dr. Pawlaczyk.

Thank you,

Marney Daugherty, SHRM-SCP
Associate Relations Specialist
Human Resources

248-[REDACTED]

Go to myHR: A one-stop shop of all your HR needs.
Leaders can request an Associate Relations consult
from Manager Zone. Here's a peek at how quick it is.

https://

CONFIDENTIAL - subject to protective order

Ascension (Elzein) 000624

CONFIDENTIAL - subject to protective order

12/2/2020 Ascension Mail - Re: Invitation: Discuss return to work process @ Mon Nov 30, 2020 4:30pm - 5pm (EST) (ahmed.elzein@ascension.org)



Ascension

On Mon, Nov 30, 2020 at 4:56 PM Ahmed Elzein <ahmed.elzein@ascension.org> wrote:

On Mon, Nov 30, 2020 at 1:34 PM Marney Daugherty <[REDACTED]> wrote:

You have been invited to the following event.

Discuss return to work process

When Mon Nov 30, 2020 4:30pm – 5pm Eastern Time - Detroit

[more details »](#)

Joining info Join with Google Meet
meet.google.com/khq-njyu-apn

Join by phone
(US) +1 [REDACTED] (PIN: [REDACTED])

More joining options

Calendar ahmed.elzein@ascension.org

Who

- Marney Daugherty [REDACTED] - organizer
- Barbara Pawlaczyk [REDACTED]
- ahmed.elzein@ascension.org

Going (ahmed.elzein@ascension.org)? **Yes - Maybe - No** [more options »](#)

Invitation from Google Calendar

You are receiving this email at the account ahmed.elzein@ascension.org because you are subscribed for invitations on calendar ahmed.elzein@ascension.org.

To stop receiving these emails, please log in to <https://calendar.google.com/calendar/> and change your notification settings for this calendar.

Forwarding this invitation could allow any recipient to send a response to the organizer and be added to the guest list, or invite others regardless of their own invitation status, or to modify your RSVP. [Learn More.](#)

EXHIBIT 19



Marney Daugherty

to me ▾

Fri, Dec 4, 4:55 AM



Ahmed,

On Wednesday December 2, 2020 I called you to schedule an appointment with Dr. Vosburgh in Associate Health. You requested I email you the information and I sent the below email asking you to get back to me by end of the day 12/2/2020. As of December 4, 2020 I have not heard from you. **As required under the terms of the resident agreement, we need you to be seen by Dr. Vosburgh before returning to work.** Your appointment needs to be scheduled for one of the days listed below. If you do not see Dr. Vosburgh by December 11, 2020 we will be forced to put you on an unpaid leave of absence effective December 14, 2020. Please let me know what day and time works best for you.

Monday, December 7th @ 1030 or 1115

Wednesday, December 9th @ 730, 8, 830, 9

Thursday, December 10th @ 7, 730, 8, 830, 1030, 11

Marney Daugherty, SHRM-SCP


Associate Relations Specialist

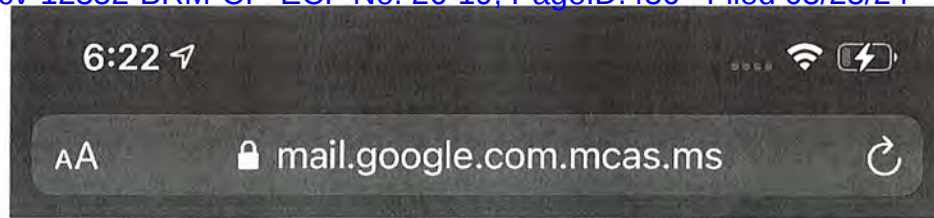
Human Resources

248-308-5799

Go to myHR: A one-stop shop of all your HR needs.

Leaders can request an Associate Relations consult from Manager Zone. Here's a peek at how quick it is.

 Ascension



Primary



Ahmed Elzein

----- Forwarded message ----- From: Marney Daugherty <marney.daugherty@ascension.org> Date:



Marney Daugherty

to me
Dec 9, 2020 Details



Good Afternoon Ahmed,

I've heard you have been in the hospital, specifically the intern room and using the company computer. You are not cleared to return to work and should not be at the hospital unless you are seeking medical care.

As a reminder we need you to see Dr. Vosburgh before returning to work and you still have not responded to me with the day and time you can go to see him. Please let me know today, as soon as possible, if you will see Dr. Vosburgh tomorrow. If you do not see him you will be placed on an unpaid leave of absence 12/14/2020.

I also want to make you aware of our Employee Assistance Program through Lifeworks. If you wish to utilize this free and confidential service the phone number is attached.

Thank you,

Marney Daugherty, SHRM-SCP
Associate Relations Specialist
Human Resources



EXHIBIT 20

AKEEL & VALENTINE, PLC
ATTORNEYS AND COUNSELORS
888 W. BIG BEAVER ROAD SUITE 420
TROY, MICHIGAN 48084-4736
TEL: (248) 269-9595
FAX: (248) 269-9119
www.akeelvalentine.com

SHEREEF H. AKEEL, P.C.
GLENN L. VALENTINE, P.C.
HASANKAAKARLI
ADAM S. AKEEL

DEARBORN OFFICE
1360 PORTER STREET, SUITE 200
DEARBORN, MICHIGAN 48124-2823

Mark L. Dailey, PLLC
Of Counsel

December 31, 2020

Via Email Transmission: Barbara.pawalacyk@ascension.org

Dr. Barbara Pawalacyk
Ascension Genesys Hospital
1 Genesys Pkwy.
Grand Blanc, MI 48439

***RE: Elzein, Dr. Ahmed – Residency Program
7-Day Demand Letter***

Dear Dr. Pawalacyk:

We have been retained by Dr. Ahmed Elzein to represent him as his attorneys regarding the above-referenced matter. Please, direct all future communications regarding this matter to our office.

As you are aware, our client, Dr. Elzein – an African American Muslim – signed a Resident Training Agreement with Ascension Genesys Hospital on or about June 17, 2020, to begin his Residency Program. Dr. Elzein's lifelong dream of becoming a Doctor was finally being realized.

Part of the Residency Training Agreement provided, in part that:

Hospital will provide Resident education and training in the clinical program, and it will ensure that the Resident is provided a positive educational environment, conducive to his clinical training. (See Section 2(A))

Unfortunately, my client has not been provided the positive environment that your Program promised. In fact, the facts learned by this 26-year civil rights law firm, shocks the conscience, and is a total nightmare for any aspiring first year Resident to experience.

As you are well aware, on or about November 11, 2020, you had my client involuntarily committed against his will at Havenwyck Hospital for approximately 7 days. My client was utterly humiliated, and experienced extreme trauma. Your efforts to have two (2) female Nurses and at least, three (3) Security Guards commit him is deplorable. Shockingly, the female nurses were repeatedly asking Dr. Elzein to remove his clothing in front of them, or they will cut off his clothing, with no regard to norms of decency and civility. Not only is this outrageous, but demonstrates a total lack of regard and respect to his humanity, and faith. Such inhumane treatment would not occur to a white physician.

Ms. Barbara Pawalacyk, Ascension Genesys Hospital

RE: *Elzein, Dr. Ahmed – Residency Program*

7-Day Demand Letter

December 31, 2020

Page 2

Thankfully, a video exists that captures these horrifying events. Not only that, but the video shows my client specifically and politely asking for the nurses and the security guards to identify themselves and their badge number. Disturbingly, however, none of them would reveal this basic information on video, but instead ridiculed his request, remained secretive and threatened to strip him forcefully if he does not take off his clothing in front of them. Again, all of this is captured on video, and the scene is simply horrifying.

Please note, that this ordeal has caused extreme mental and emotional distress to my client. He recalls being carried out shackled to the bed like a prisoner. At one point, and equally mortifying, when he expressed objection to being involuntarily held, he was injected with a sedative drug like some kind of animal being put to sleep. This is appalling.

He, also, specifically recalls refusing to sign any documents, including any Authorization to Release any of his private health information. Later on, in the course of our investigation, we learned that the Authorization document to release his medical information was forged.

My client remained at Havenwyck Hospital and remained involuntarily held against his will until he was released on or about November 17, 2020. Dr. Elzein was then examined by Ascension Occupational Health Doctor, Dr. Tajour, who then gave him the clearance to return to work on November 23, 2020 (Clearance Letter). We have the written Clearance Letter issued by Dr. Tajour.

Subsequently, my client submitted the Clearance Letter to you; and you summarily rejected it, as you were not satisfied with Dr. Tajour's Opinion. You then ordered our client to go see another Occupational Health Doctor, a Dr. Vorsburg.

My client then attempted to grieve your conduct, as is provided for under the Residency Agreement. On December 24, 2020, Ms. Laura Majewski, of Human Resources, advised my client that his Grievance was rejected (without any opportunity to be heard), parroting your demand that in order for him to return to work and the residency program, he needed to get another clearance letter from your hand-picked doctor, Dr. Vorsburg.

The facts described above are egregious, in breach of the Residency Agreement and contrary to ACGME standards. My client signed a Residency Agreement with the hope and aspiration of realizing his dream to be a doctor, and dedicated his future to your Program with the promise that he would be trained in a positive environment. Instead, he found himself falsely imprisoned against his will, injected with narcotics, stripped of his clothing, humiliated, and committed. My client's constitutional rights were grossly violated including being subjected to unreasonable search and seizure.

My client is concerned for his future being entrusted in your program. At this time, we demand: 1) an immediate investigation into this matter so it never ever happens 2) a full review of the resident training policy regarding protocols and procedures in dealing with and training resident physicians 3) being provided a copy of all records and documents including video tapes and surveillance tapes pertaining to the incident and 4) restoration of all rights and privileges to our client.

Ms. Barbara Pawalacyk, Ascension Genesys Hospital

RE: Elzein, Dr. Ahmed – Residency Program

7-Day Demand Letter

December 31, 2020

Page 3

Finally, we ask that our client's records, in addition to all evidence and documents relating to the incident in question including all video surveillance and recordings be preserved and not modified or destroyed in any manner.

We have been given authority by our client to attempt to resolve this matter as well. Please advise this office *within seven (7) days of this letter of your position in handling this very serious matter.*

Thank you and we look forward to hearing from you.

Very truly yours,

Shereef H. Akeel

Shereef H. Akeel

SHA/bldr

Cc: Client

Laura Majewski (Via Email Transmission: Laura.majewski@ascension.org)

EXHIBIT 21

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

AHMED ELZEIN,

Plaintiff,

v.

Case No. 22-cv-12352

Hon. Sean F. Cox

Magistrate Judge: Curtis Ivy, Jr.

ASCENSION GENESYS HOSPITAL,

Defendant.

/	
ERIC STEMPIEN (P58703) STEMPIEN LAW, PLLC Attorneys for Plaintiff 38701 Seven Mile Rd., Suite 130 Livonia, MI 48152 (734)744-7002 eric@stempien.com	MAURICE G. JENKINS (P33083) MICHELLE J. LEBEAU (P51440) JACKSON LEWIS, P.C. Attorneys for Defendant 2000 Town Center, Suite 1650 Southfield, MI 48075 (248) 936-1900 Maurice.jenkins@jacksonlewis.com Michelle.lebeau@jacksonlewis.com
/	


DECLARATION OF AHMED ELZEIN

Ahmed Elzein, being first duly sworn, deposes and states:

1. At no time did I ever state to anyone that I thought that someone had placed a bomb in the residents' lounge on November 11, 2020.'
2. At no time did I ever state to anyone that a fellow resident had placed an unknown object in my pocket.
3. I never told Dr. Pawlaczyk on November 11, 2020 that I had not been sleeping or eating.

4. I never told Dr. Baj that every time I close my eyes others in the room would draw closer to me. I never told Dr. Baj that I thought other people at Ascension Genesys Hospital wanted to harm me.
5. I never used any camera to video record my fellow residents.

I declare under the penalty of perjury that the foregoing is true and correct. Executed on the 24th day of March, 2024.

DocuSigned by:

015DE3D9DADD4B8

Ahmed Elzein

EXHIBIT 22

**RESIDENT TRAINING AGREEMENT
ASCENSION GENESYS HOSPITAL**

THIS RESIDENT TRAINING AGREEMENT (the “**Agreement**”) is effective June 17, 2020 (the “**Effective Date**”), by and between **ASCENSION GENESYS HOSPITAL**, a Michigan non-profit corporation (“**Hospital**”), and Ahmed Elzein, , (“**Resident**”).

WITNESSED

WHEREAS, Hospital is a Michigan nonprofit corporation whose charitable mission includes, among other things, (i) providing high quality, cost efficient and effective care to patients, and (ii) promoting the training of future physicians who, following such training, will be available to furnish medical services in the community served by Hospital and other communities in need of such services; and

WHEREAS, in connection with the foregoing, Hospital conducts certain advanced graduate medical, surgical, psychology and podiatric teaching programs; and

WHEREAS, Resident is a participant in the Hospital’s post graduate training program (hereinafter referred to as the “**Program**”), designated as either an intern, a resident, or a fellow, whose education requires that Resident be directly involved in providing patient care under physician supervision in an acute care hospital, such as Hospital, and Resident has been accepted for clinical training in the Hospital’s Program identified on Exhibit A attached hereto; and

WHEREAS, the activities of Resident in the Program are contemplated by the American Osteopathic Association Council on Postdoctoral Training (“**AOACOPT**”), the Accreditation Council for Graduate Medical Education (“**ACGME**”), the American Psychological Association (“**APA**”) and/or the Council on Podiatric Medical Education (“**CPME**”), as applicable, each of which offer accreditation for medical education programs, such as the Program sponsored by Hospital.

NOW THEREFORE, in consideration of the above and their mutual promises and covenants contained herein, Hospital and Resident incorporate the foregoing recitals and agree as follows:

I. CONDITIONS PRECEDENT, APPOINTMENT AND TERM

A. **Conditions Precedent.** Although this agreement may be executed by the parties prior to the start of the contract year, it is expressly understood and agreed that this Agreement will be void unless:

- (i) Resident has successfully completed graduate medical education/training, as evidenced by a signed diploma, completed all immigration requirements, as applicable, and has obtained and maintained a State of Michigan physician’s limited educational license or other applicable license prior to the start of each contract year.

(i) If other than a first year resident physician, Resident has satisfactorily completed his/her prior graduate medical education/training, in the sole discretion of the Program Director or his/her representative/designee.

(iii) Resident Physician successfully passes routine background check, drug screen, and physical examination.

B. **Appointment.** Hospital hereby offers, and Resident accepts, appointment to the training Program at the Program level identified on Exhibit A attached hereto. The first Program level of training under this Agreement with Hospital is the “Initial Term.” This Agreement will commence on the Effective Date and will continue for the Initial Term and the Renewal Term(s), if any, until Resident’s completion of the Program (or the applicable Program level/year of training), subject to the non-renewal provisions of Section I.D. below and the termination provisions set forth in Section I.F of this Agreement. Notwithstanding the foregoing, in the event Resident fails to satisfy the conditions set forth in Sections III.B (i) and III.B (ii) of this Agreement within fifteen (15) days of the Effective Date (unless such period is extended by Hospital), Hospital will have the right to consider this Agreement to be null and void and will be released from any and all obligations under this Agreement.

C. **Renewal of Appointment.** Upon Resident’s successful completion of the Initial Term and the approval of the Program Director, the Hospital may reappoint Resident to the Program, and the parties may, by their mutual written agreement, extend the term of this Agreement for an additional period(s) for Resident’s next level/year of training (each a “Renewal Term”). The parties acknowledge that neither Hospital nor Resident is obligated to renew this Agreement beyond the Initial Term or, if they occur, any Renewal Term(s). For each Renewal Term, Hospital will provide Resident with a replacement Exhibit A, which will become a part of this Agreement.

D. **Non-Renewal by Hospital.** In the event Hospital elects not to renew this Agreement at the end of the Initial Term or any Renewal Term (except by reason of Resident’s completion of the training Program), Hospital will furnish Resident with written notice of this decision at least one hundred twenty (120) days prior to the expiration of this Agreement; provided, however, that, if the primary reason(s) for non-renewal occurs within such notice period, Hospital will provide Resident with as much notice of Hospital’s intent not to renew as the circumstances reasonably allow. In any event, Resident will be entitled, upon written request, to a statement of the reasons for Hospital’s decision not to renew this Agreement. Resident will also be entitled to initiate the Specific Grievance Procedure set forth on Exhibit B, attached hereto and incorporated herein by reference. By executing this Agreement, Resident hereby expressly waives any right to seek redress under Exhibit B – Grievance Procedure due to the Resident’s failure to advance to the next program year because of his/her non-compliance with Medical Education policies and program requirements.

E. **Non-Renewal by Resident.** In the event Resident elects not to renew this Agreement at the end of the Initial Term or any Renewal Term, Resident will furnish Hospital with written notice of this decision at least sixty (60) days prior to the expiration of the then-current term.

F. **Termination**. This Agreement may be terminated

- (i) By mutual written agreement of the parties in the format attached as Exhibit C, which is incorporated by reference. In the event of mutual termination, Hospital will supply evidence of Resident's successfully completed rotations, if any, to be applied toward satisfying graduate medical education requirements.
- (ii) By either party, at the expiration of thirty (30) days in the event of a material breach of this Agreement, when the non-breaching party has provided the breaching party thirty (30) days prior written notice of the non-breaching party's intent to terminate the Agreement if the breach is not cured and the breaching party has failed to cure such breach.
- (iii) By Hospital on or upon the occurrence of any of the following:
 - (a) the date upon which it has been determined by the Hospital that Resident, either by action or inaction, has committed or allowed to occur any action or course of action, which Hospital reasonably believes involved moral turpitude or is contrary to the interests of patient care or the general welfare of the Hospital;
 - (b) the effective date upon which the Program ceases to be approved by the applicable accrediting body or agency (upon the loss of approval, Hospital will terminate the Program, at which time the Resident will be notified and granted credit for that portion of the Program completed and released thereon; the Resident will not be prohibited from immediately entering another graduate medical surgical or podiatric education program);
 - (c) upon the revocation, suspension, denial or other disciplinary action by any federal or state regulatory agency regarding Resident's license to practice medicine or podiatry;
 - (d) failure of Resident to pass any drug screen required by Hospital;
 - (e) upon the death of Resident, or if Resident is incapacitated and unable to perform his or her resident duties due to illness or injury, immediately upon furnishing written notice to Resident upon the exhaustion of all leave to which Resident is entitled during such incapacity, pursuant to Hospital's then-applicable policies, unless otherwise precluded by law;
 - (f) the effective date of closure of any residency in which Resident was enrolled (see, Section K, Program Closure/Reduction);

- (g) upon the failure of Resident to maintain current, valid and unrestricted authorization to work in the U.S. at all times during the term of this Agreement and/or failure to satisfactorily fulfill Part III, Resident's Obligations under the terms of this Agreement;
- (h) upon failure of Resident to maintain lawful nonimmigrant, immigrant or other valid U.S. status at all times during the term of this Agreement;
- (i) personal conduct of Resident which, in Hospital's sole discretion, is seriously and clearly prejudicial to the best interest of the Hospital;
- (j) misrepresentation or provision of false or inaccurate information as it relates to Hospital operations, investigations, and/or patient care;
- (k) violation of a Hospital or Program policy/procedure, which constitutes grounds for termination under such policy/procedure.

(iv) **Obligations Upon Termination.** Upon termination of this Agreement, Resident shall be entitled to receive compensation for services rendered prior to termination. Resident agrees to cooperate with Hospital in completion of all medical records or other documents or reports related to services rendered prior to termination and cooperate with Hospital with respect to any action filed on behalf of or against Hospital or Resident and otherwise fulfill all responsibilities under this Agreement for services rendered prior to termination. Prior to or upon the effective date of termination of this Agreement, Resident will settle all professional and financial obligations owed to Hospital, and return to Hospital all Hospital property including, but not limited to, keys, identification and/or parking cards, books, pagers, medical records, and equipment assigned to Resident. Resident consents to the deduction from his/her final stipend payment any and all then-outstanding financial obligations of Resident owed to Hospital.

By signature below, Resident Physician hereby authorizes Hospital to deduct from his/her final stipend payment any and all then-outstanding financial obligations of Resident owed to Hospital.

Name Ahmed Elzein,

G. **Suspension.** Notwithstanding any other provision of this Agreement to the contrary, the Program Director reserves the right to suspend Resident Physician summarily if it is determined, in the sole discretion of Hospital or Program Director, that suspension is or may be necessary in order to avoid an adverse effect on patient care or on the Hospital and/or its employees/patients.

H. **Probation and Remediation.** If Resident fails to satisfactorily meet the educational and/or clinical requirements of the Program at any time during any term of this Agreement, and if such failure does not constitute grounds for termination of this Agreement by Hospital pursuant to Section E above, the Program Director will provide Resident with no less than thirty (30) days' notice that Resident is being placed on academic probation and the terms therefore. Placement on a probationary and/or remediation program is not a form of discipline and thus, the action is not subject to review pursuant to the Specific Grievance Procedure. Thereafter, if, in the opinion of the Program Director, the identified deficiencies are not corrected within a reasonable period of time, the Hospital may terminate this Agreement. Any Program time missed, whether due to Resident being placed on probation/remediation, or any disciplinary action taken against Resident by the Hospital, must be made up by Resident prior to completion of the Program and the issuance of a certificate. In the event Resident has been suspended, Resident will be required to complete the current training period, which will include an extension of this period coincident with the duration of the suspension. Failure to complete the training period as extended will result in Resident being ineligible to advance to the next academic level/year or receive a certificate.

I. **Notification of Breach or Termination.** The parties hereto agree that in the event of a breach or termination of this Agreement, the parties will provide all required notices and/or documentation of such breach or termination to the applicable Program accrediting body or agency.

J. **Duties Upon Termination of Agreement.** Termination of this Agreement will not release or discharge either party from any obligation, debt or liability which has been previously accepted and remains to be performed on or after the date of termination.

K. **Program Closure/Reduction.** The Hospital reserves the sole right to close or reduce the size of one or more residency programs. Hospital will notify its intention of this program change, including its timing, as soon as possible to the GMEC, the DIO and the affected residents. Continuances will be decided solely on an individual basis and at the discretion of Hospital. In the event Resident is not granted a continuance in the Program, Hospital will assist Resident in enrolling in a similar accredited program in which the Resident can continue his or her clinical education and training.

II. **HOSPITAL'S OBLIGATIONS**

A. **Training.** Hospital will provide Resident education and training in the clinical Program identified on Exhibit A. Hospital will ensure that, at all times, the Program meets the accreditation standards established by either the AOACOPT, the ACGME, the APA and/or the CPME, and any requirements for residency training specified by the board(s) of appropriate professional medical societies. Hospital will also ensure that Resident is provided an educational environment conducive to his/her clinical training, which will include access to on-call rooms; laundry services for only Hospital issued scrubs, adequate patient support services (e.g., intravenous, phlebotomy, and laboratory services); laboratory, pathology, and radiological information systems; and Hospital's medical records system.

B. **Duties of the Resident Defined.** The specific duties and responsibilities of the Resident as they relate to participation in the Program will be defined and made available by the Hospital to the Resident through the Program Director, in accordance with the aforementioned applicable accreditation standards.

C. **Policies and Procedures.** Hospital, through or in collaboration with the Program Director, will be responsible for developing, maintaining and clearly delineating written policies and procedures for evaluating the performance of all residents appointed to the Program. Such policies and procedures will address (i) limits on the number of hours that can be worked in a clinical setting during a defined period; (ii) “moonlighting”; (iii) conditions for reappointment and promotion; (iv) grievance and due process procedures; (v) professional liability insurance, including coverage for claims filed after Program completion; (vi) leaves of absence; (vii) the effect of a leave on satisfying criteria for Program completion; (viii) other professional activities outside the Program; (ix) counseling, medical, and psychological support services; (x) physician impairment and substance abuse; (xi) sexual harassment; (xii) closure of training programs or reduction in approved resident positions, and (xiii) the process for monitoring resident’s compliance with the foregoing policies and procedures. Hospital will furnish Resident with a copy of Hospital’s Medical Education Policies and Procedures Manual (the “Manual”) and those policies specific to the Program.

D. **Orientation.** Hospital will provide Resident approximately two weeks of orientation, and Resident will be required to complete such orientation prior to the commencement of the Initial Term, unless an exception is approved in writing by the Program Director. Hospital will provide Resident an orientation stipend for each week of completed orientation on a prorated basis. The orientation stipend is paid to Resident in addition to the annual stipend (both stipends are set forth on Exhibit A attached hereto) and will be paid to Resident with Hospital’s first pay period following the completion of orientation. In addition to the stipend, Resident will receive benefits during the orientation period, in accordance with Section II.F below and Exhibit D attached hereto.

E. **Compensation.** During the Initial Term of this Agreement, Resident will be paid a stipend in the amount set forth on Exhibit A. Resident will be paid on a bi-weekly basis, in accordance with Hospital’s payroll policies. The stipend for a Renewal Term, if any, will be communicated to the Resident by the Hospital prior to the Renewal Term and specified in a replacement Exhibit A, signed by the parties and the Program Director. No compensation of any kind or nature will be paid to, or accepted by, Resident from patients or third parties for any services rendered pursuant to this Agreement.

F. **Benefits.** Hospital will provide Resident those benefits listed on Exhibit D, attached hereto. Except as otherwise indicated on Exhibit D, or as provided by applicable Hospital policies, such benefits will only be provided for so long as Resident is a participant in good standing in the Program. Hospital reserves the right to revise or modify the composition, type and/or levels, or **terminate the** benefits set forth in Exhibit D at any time during the period of this Agreement. Any such revision or modification will become effective upon written notice to Resident.

G. **Absences.** Resident Physician must notify the Program Director or his/her designee regarding any absence for any reason. Illness causing absence for longer than two days must be certified by Resident's private physician or hospital employee health department. Absences beyond those days allotted for sickness, vacation and holidays, approved or not, regardless of purpose, may result in probation/remediation and/or disciplinary action, up to and including discharge, unless otherwise precluded by applicable law. Residents who are absent because of a qualifying disability may request reasonable accommodation pursuant to the then-applicable Hospital policy guidelines.

b.

H. **Certificate.** Upon Resident's satisfactory completion of the Program, Hospital will present, or cause to be presented, to Resident a Certificate of Residency, formally acknowledging and verifying Resident's completion of the Program. **Any Program time Resident misses due to (i) probation/remediation or disciplinary action, or (ii) leave taken beyond the time allotted for sickness, vacation and holidays, approved or not, regardless of purpose, must be made up prior to completion of the Program and the issuance of a certificate.**

III. **RESIDENT'S OBLIGATIONS**

A. **Standards for Services.** Resident agrees to perform duties assigned to him/her by the Hospital through the Director of Medical Education and/or the Program Director. Resident will conduct himself/herself in a professional manner, which at all times will meet/comply with the following:

- (i) The applicable accrediting organization(s) for Resident's Program (identified on Exhibit A);
- (ii) The Hospital's Bylaws;
- (iii) The standards, policies and procedures adopted by the Hospital as they specifically apply to the residency Programs, including, but not limited to, the policies identified in the Manual and/or the PolicySTAT database;
- (iv) The Bylaws and Rules and Regulations of the Hospital's Medical Staff as they apply to Residents;
- (v) All applicable policies and practices of Hospital which apply to conduct or the performance of services on any premises owned or controlled by Hospital;
- (vi) The Hospital's Mission, Vision and Values; and
- (vii) All applicable federal, state, and local laws, rules, regulations and standards, including without limitation, infection control policies of the Federal Occupational Safety and Health Administration, and administrative rules of the Michigan Department of Community Health.

A failure to follow the foregoing requirements and standards will constitute a breach of this Agreement and may, at the discretion of Hospital, result in a written notice of breach or

termination as set forth in Section I.F. Resident agrees that, pending an investigation and decision regarding allegations of non-compliance with applicable requirements or standards, the Program Director, the Director of Medical Education, or their respective designee(s) may immediately suspend Resident.

B. Resident Requirements and Activities.

- (i) Prior to performing Program-related services pursuant to this Agreement, Resident will obtain, and maintain in effect at all times thereafter, (a) a license to practice allopathic or osteopathic medicine or podiatry, as applicable, in the State of Michigan; and (b) Michigan and federal controlled substance licenses or registrations. Resident will immediately notify the Program Director regarding any action taken against any of the foregoing licenses or registrations, or of any investigation or disciplinary action initiated or taken against Resident of any kind or nature by any governmental agency, including but not limited to, the loss of Resident's license to practice medicine or podiatry, or any investigations regarding, or proceedings to suspend or revoke, such license. In the event Resident fails to maintain a valid, unrestricted (except as appropriate for level of training) license, Hospital may immediately terminate this Agreement.
- (ii) Prior to performing professional medical services pursuant to this Agreement, Resident will complete a physical examination by a physician of Hospital's choice, at Hospital's expense, and demonstrate, to Hospital's reasonable satisfaction, based on such physical examination, that Resident is able to provide the services required of Resident under this Agreement.
- (iii) Resident hereby agrees that during the term of this Agreement and while performing all patient care and Program-related services hereunder, Resident will
 - (a) engage only in those activities of a professional nature which have been approved by the Program Director, Hospital and the applicable accrediting body or agency;
 - (b) be subject to, and abide by, Hospital's policies pertaining to drug screening of employees, as such may be amended from time to time (the "Resident/Intern/Fellow Impairment Policy," as contained in the Manual). Failure to pass any drug screen required by Hospital pursuant to and in compliance with the provisions of the Resident/Intern/Fellow Impairment Policy will result in immediate termination of this Agreement;

- (c) comply with (i) all applicable federal, state, and local laws, rules, regulations and standards, including, without limitation rules and regulations relating to the Health Insurance Portability and Accountability Act of 1996, as amended (“**HIPAA**”), (ii) all rules, regulations and policies and procedures of Hospital, Hospital’s medical staff (the “**Medical Staff**”), and the Program, as they may exist from time to time, including but not limited to policies and procedures governing time entry logs and access to patient medical records; and (iii) all orders and assignments issued by the Director of Graduate Medical Education, the Program Director, appropriate medical staff, resident faculty and supervisory personnel.
- c.
- (d) acknowledge that, in the course of his/her employment, Resident Physician may receive certain information that is confidential and/or proprietary to Hospital, including, but not limited to, letters, certain patient records, contracts, reports, manuals, mailing lists, patient lists, employee lists, advertising materials, marketing materials, equipment, keys and all other materials or records of any kind relating to Hospital business (“**Confidential Information**”). Resident Physician further acknowledges and agrees that all such Confidential Information, and all physical embodiments thereof, are confidential to and shall be and remain the sole and exclusive property of Hospital. Upon termination of this Agreement, regardless of reason, Resident Physician shall promptly deliver to Hospital all property belonging to Hospital including, without limitation, all Confidential Information, and all physical embodiments thereof that may be in the Resident Physician’s custody, control or possession expiration or termination of this Agreement.
- (e) agree that Resident Physician will not, either during the term of his or her employment by Hospital or at any time thereafter, without the prior written consent of Hospital, disclose, duplicate, transport, or make available any Confidential Information to any person or entity, nor shall he or she make or cause to be made either on his or her own behalf or on behalf of others, any use of such Confidential Information other than in the proper performance of his/her duties hereunder. Resident understands and acknowledges that Resident’s duty to safeguard such Confidential Information continues beyond Resident’s participation in the Program and survives the termination of this Agreement.

C. **Exclusion.** Resident represents and warrants to Hospital that Resident (i) is not nor is about to be excluded, debarred or otherwise ineligible to participate in federal health care programs “Federal Healthcare Programs”), (ii) has not been convicted of a criminal offense related to the provision of healthcare items or services, and (iii) is not under investigation or otherwise

aware of any circumstances which may result in Resident being excluded from participation in Federal Healthcare Programs. This is an ongoing representation and warranty during the term of this Agreement; Resident will immediately notify Hospital within one (1) business day of any change in the status thereof. The listing of Resident on the Office of Inspector General's exclusion list (OIG website) or the General Services Administration's Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs (GSA website) for excluded individuals and entities shall constitute "exclusion" for purposes of this Section III.C. In the event Resident is debarred, suspended or excluded from any of the Federal Healthcare Programs, this Agreement will terminate immediately and automatically upon receipt of Resident's notification. For the purposes of this Section III.C., the term "Federal Healthcare Program" means the Medicare program, the Medicaid program, the Maternal and Child Health Services Block Grant program, the Block Grants for State for Social Services program, any state Children's Health Insurance program, or any similar program.

D. **Outside Professional Activities.** It is understood and agreed by both parties that Resident will devote his/her full-time and best professional efforts to the performance of his/her duties under this Agreement and that Hospital will not require Resident to engage in professional activities outside the scope of the Program (collectively "Outside Activities"). Moreover, Resident will not engage in Outside Activities, unless Resident complies with Hospital's "moonlighting" policy, including but not limited to, the requirement that Resident maintains, at all times he/she is engaged in Outside Activities, a permanent license to practice medicine. Resident shall not function as an agent on behalf of the Hospital in the performance of such outside activities. As a result, Resident is prohibited from using any hospital equipment, uniforms, supplies, prescription pads, or forms which bear the logo or name of "Genesys" for use in such outside activities. Further, the Genesys professional liability insurance coverage will not apply or extend to insure Residents for any such outside activities whatsoever.

IV. **GENERAL**

A. **Sponsorship of Visas.** Resident acknowledges that, pursuant to Hospital policy, Hospital will not sponsor an H1-B visa for Resident.

B. **Equal Opportunity and Access.** Resident acknowledges that it is the Hospital's policy to provide equal opportunity and access to all persons, regardless of race, religion, gender, disability or other classification within federal, state, and local statutes, regulations or ordinances, and Resident agrees to act in accordance with such policy. Disabled Residents requesting Reasonable Accommodation should refer to then applicable Hospital policy guidelines concerning "Reasonable Accommodation" and/or "Leave of Absence."

C. **Corporate Compliance.** The Hospital has in place a Corporate Compliance Program ("Program") which has as its goal to ensure that the Hospital complies with federal, state and local laws and regulations. The Program focuses on risk management, the promotion of good corporate citizenship, including the commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. Resident acknowledges the Hospital's commitment to corporate compliance and agrees to conduct all services pursuant to this Agreement in accordance with the underlying philosophy of corporate compliance.

D. **Religious Directives.** Resident acknowledges that the Hospital conducts its operation in a manner consistent with the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the United States Conference of Catholic Bishops, Washington D.C., of the Roman Catholic Church or its successor. While performing services pursuant to this Agreement, Resident will act in accordance with these Ethical and Religious Directives.

E. **Severability and Interpretation.** If any one or more of the provisions of this Agreement are held invalid by any court of competent jurisdiction or are voided or nullified for any reason, then each such provision will be interpreted to the fullest extent possible so as to be valid and effective, the remaining provisions and paragraphs will continue in full force and effect, and this Agreement as so construed will be binding on the parties so as to carry out the intent and purposes of the parties as nearly as possible.

F. **Waiver.** The waiver by Hospital of a breach of any provision of this Agreement by Resident will not operate or be construed as a waiver of any subsequent breach by Resident.

G. **Disclaimer.** The parties hereto acknowledge that an accrediting organization or agency of the Program is neither a party to nor an intended beneficiary of this Agreement.

H. **Amendments.** The terms and conditions of this Agreement may be amended only by the mutual written Agreement of the parties hereto.

I. **Merger.** This Agreement constitutes and expresses the entire Agreement of the parties and supersedes all prior Agreements and understandings, whether written or oral, between the parties.

J. **Governing Law.** This Agreement will be governed by and construed in accordance with the laws of the State of Michigan, regardless of applicable conflict of law principles which may otherwise apply.

K. **Execution** – This Agreement will not be effective until it is signed by the appropriate Hospital representative for the Program.

L. **Captions.** The captions or headings in this Agreement are inserted herein for convenience of reference only and will not be construed as describing, defining or limiting the scope or intent of the provisions of this Agreement.

[signatures to follow]

IN WITNESS THEREOF, the parties hereto have executed this Agreement to be effective as of the Effective Date.

“Hospital”

ASCENSION GENESYS Hospital,
a Michigan non-profit corporation

Christopher J. Palazzolo

Signature:

Print Name: Christopher J. Palazzolo

Its: President & CEO

Ascension Genesys Hospital and
Ascension Providence Rochester Hospital

“Program Director”

Barbara Pawlaczyk

Signature:

Print name: Barbara Pawlaczyk, MD

A

“Resident”

Signature:

Print Name: Ahmed Elzein,

Exhibit A

- **Program:** Internal Medicine
- **PGY/OGME Level:** Level 1
- **Stipend:** The Resident's stipend during the period Resident is completing this PGY-1 GME Level (i.e., July 1, 2020 to June 30, 2021) is \$52,013. The Resident's stipend during the period Resident is completing the mandatory orientation period (i.e., June 17, 2020 to June 30, 2020), unless an exception is otherwise approved in writing by the Program Director, is \$800.00, to be paid on a prorated basis, contingent on Resident attendance. The total stipend to be paid during the Term of this Agreement is \$52,813.
- **Date of Initial Term ("Term"):** June 17, 2020 – June 30, 2021 (which includes a mandatory two (2) week orientation period).
- **Mandatory Orientation Period:** June 17, 2020 - June 30, 2020.

[Signatures Required for Exhibit A for Each Renewal Term]

"Hospital"

ASCENSION GENESYS HOSPITAL,
a Michigan non-profit corporation

Christopher J. Palazzolo

Signature:

Print Name: Christopher J. Palazzolo

Its: President & CEO

Ascension Genesys Hospital and
Ascension Providence Rochester Hospital

"Program Director"

Barbara Pawlaczyk

Signature:

Print name: Barbara Pawlaczyk, MD

Ahmed Elzein

"Resident" Signature:

Print Name: Ahmed Elzein,

Exhibit B
GRIEVANCE PROCEDURE

This **Grievance Procedure** is applicable to matters related to Resident's contract, employment and relationship with the Hospital, and any and all complaints or grievances of Resident related thereto. Notwithstanding the provisions of any other policy, practice or procedure established or promulgated by the Hospital, this **Grievance Procedure** is the exclusive procedure and means of redress for any complaint, claim or grievance of Resident against the Hospital with respect to his or her contract, employment and/or relationship with the Hospital. The **General Grievance Procedure** shall apply to all complaints, claims or grievances except those covered by the **Specific Grievance Procedure for Non-Advancement, Suspension or Dismissal**. Complaints, claims or grievances involving the non-advancement (non-renewal), suspension or dismissal of Resident from the Program, shall be governed by the **Specific Grievance Procedure for Non-Advancement, Suspension or Dismissal**.

If Resident does not present a particular complaint, claim or grievance within the appropriate time limits and in the manner(s) set forth in this procedure, such complaint, claim or grievance will be deemed to have been waived. All time limits are referenced as calendar days. If Resident does not request a decision, hearing or appeal (whichever is applicable) on the decision on a particular complaint, claim or grievance within the appropriate time limits and in the manner(s) set forth in this procedure, such complaint, claim or grievance will be deemed to have been fully and finally resolved by the preceding decision on the grievance.

GENERAL GRIEVANCE PROCEDURE

Step 1: No later than fourteen (14) days after Resident becomes aware or should have become aware of the events giving rise to the complaint, claim or grievance (hereinafter "grievance"), he/she may submit the grievance in writing to the Program Director. The Program Director will schedule a meeting with Resident to discuss the grievance within twenty-one (21) days after receiving the written grievance. The Program Director will provide a written decision on the grievance to Resident within ten (10) days after said meeting.

Step 2: If Resident is not satisfied with the decision of the Program Director, Resident may appeal in writing to the Director of Medical Education no later than seven (7) days after his/her receipt of the decision of the Program Director. Within fourteen (14) days after receipt of this appeal, the Director of Medical Education will consider the written appeal and the written decision of the Program Director and issue a decision in writing on the appeal. The decision of the Director of Medical Education will be final and binding on both Resident and Hospital.

SPECIFIC GRIEVANCE PROCEDURE
FOR NON-ADVANCEMENT, SUSPENSION OR DISMISSAL

Step 1: No later than fourteen (14) days after Resident became aware or should have become aware of a decision or incident involving Resident's non-advancement in,

or suspension or dismissal from, the Program, he/she may submit the complaint, claim or grievance (hereinafter “the grievance”) in writing to the Program Director, who will schedule a meeting with Resident to discuss the grievance within twenty-one (21) days after receiving the written grievance, and will provide a written decision within ten (10) days after meeting with Resident. A copy of the **Grievance Procedure** and this **Specific Grievance Procedure for Non-Advancement, Suspension or Dismissal** shall be provided to Resident along with the written decision on the grievance. Such copy and written decision may be delivered personally to Resident or sent via certified mail to Resident’s last known address.

Step 2: If Resident is not satisfied with the decision of the Program Director, Resident may, within seven (7) days of his/her receipt of the decision of the Program Director, deliver a written request for a hearing on said decision to the Director of Medical Education, who will provide the Program Director with a copy of the request. The request for hearing shall include the factual basis and other grounds for the grievance and the remedy sought.

Within twenty-one (21) days after the request is received by the Director of Medical Education, a committee of three persons will be appointed to conduct a hearing on the grievance. The composition of this committee will be:

- (a) the Director of Medical Education or his/her designee, who will be the committee chairperson and a member of the Medical Staff with active medical staff privileges at Hospital;
- (b) one member of the Medical Staff appointed by the Director of Medical Education; and
- (c) one member of the Medical Staff appointed by Resident. It shall be the responsibility of Resident to obtain the consent of said Medical Staff member to act as a committee member prior to appointing said member to the committee. Resident shall inform the Director of Medical Education of said appointment in writing within twenty-one (21) days after the written request for hearing is received by the Director of Medical Education. If Resident fails to make said appointment within the time and in the manner specified above, he/she shall be deemed to have waived the right to appoint any member of the committee. In such event, the Director of Medical Education shall appoint a member of the Medical Staff to serve as the final member of the three (3) person committee.

None of the members of this committee will have participated in the decision to be grieved.

Within thirty (30) days of the selection of the three person committee, the committee will conduct a hearing on the grievance. Resident shall be given written

notice of the names of the committee members and of the date, time and place of the hearing at least fourteen (14) days prior to the hearing. Said notice shall be deemed properly given by sending same within the time specified to Resident's last known address via ordinary mail. Resident and the Program Director or his/her designee (hereinafter "Program Director") shall be present at the hearing. Any failure of Resident to appear at the date, time and place of the hearing shall constitute a waiver of his/her right to hearing and any appeal on the grievance. The committee chair shall determine the order of presentation at the hearing. Resident and Program Director shall each be permitted to offer the oral statements of no more than two witnesses, and written statements and documentary evidence as deemed appropriate by the committee. Each side shall be limited to one hour each to present its case, with an additional 15 minutes for rebuttal for each side. The committee may modify any of the above limits if it deems extraordinary circumstances warrant such modification. The committee members may ask questions of Resident, Program Director or any witness attending the hearing. The rules of evidence do not apply to the hearing, and the committee may consider any evidence or statements that it deems to be relevant and of such a nature that responsible persons in the conduct of serious affairs would rely upon. Resident and the committee may consult with their respective legal counsel in preparation for the hearing and on other matters related thereto, but no attorney may be present for either Resident or the committee during the conduct of the hearing. The hearing shall be transcribed or recorded.

After the conclusion of the hearing, the committee shall conduct private deliberations, and, within twenty-one (21) days after the conclusion of the hearing shall issue a written decision on the grievance. The written decision shall be adopted by a majority vote of the committee.

Step 3: If either Resident or the Director of Medical Education is not satisfied with the decision of the committee, such party may, within seven (7) days of his/her receipt of the decision of the committee, appeal in writing to the President of the Medical Staff. The grounds and/or reasons for the appeal, and the relief requested, shall be stated in the written appeal. The President of the Medical Staff shall notify the non-appealing party of the appeal within fourteen (14) days of the appeal by providing a copy of the written appeal to said party. Within fourteen (14) days after the appeal is received by the President of the Medical Staff, he/she or his/her designee shall appoint an appellate committee of three persons to consider the written appeal, any transcript or recording of the Step 2 hearing and all other documents used by the Step 2 committee. This Step 3 appellate committee will be composed of medical staff members or administrative, management or supervisory staff who have not participated in the processing or decision of the grievance at Steps 1 or 2, and shall be appointed by the President of the Medical Staff, except that the Chief Executive Officer of the Hospital may unilaterally elect to serve on this appellate committee. The non-appealing party may provide a written response to the written appeal no later than seven (7) days after his/her receipt of said appeal. No further oral

statements or additional evidence shall be considered on appeal, except upon extraordinary circumstances as determined by the appellate committee.

The appeal shall be considered as soon as practicable after the procedural actions and/or expiration of the time limits specified above. Within seven (7) days after consideration of the appeal, the committee will issue its written decision. The written decision shall be adopted by a majority vote of the committee. This decision will be final and binding on both Resident and Hospital.

Exhibit C
WRITTEN RELEASE BY MUTUAL CONSENT

The parties hereby mutually consent to the release of their respective contractual obligations set forth in the Resident Training Agreement dated _____, such release to take effect on _____.

Resident:

Signature

Printed Name

Date

Ascension Genesys Hospital

Signature

Printed Name

Date

Exhibit D
SUMMARY OF CURRENT RESIDENT BENEFITS

- (a) A meal allowance of \$2,400.00 per year which is included in the total stipend as set forth on Exhibit A.
- (b) Resident is allocated twenty (20) days of paid time off (“PTO”) during the program year to be used at the Resident’s discretion, providing there is timely receipt of the prior approval from the Program Director. Approval will be based, to a significant extent, upon an assessment of the scheduling, timing, and needs of the program. Additional conference time may be granted at the discretion of the Program Director.
- (c) Maternity, parental, and bereavement time off in accordance with Hospital’s benefit policies, as amended from time to time. Resident may refer to the Manual and/or then applicable Hospital policy guidelines for a description of Hospital’s leave policies.
- (d) Other medical or personal unpaid leave may be granted at the discretion of the Program Director, consistent with policies promulgated by either the AOACOPT, the ACGME, the APA or the CPME, as applicable, and Hospital’s applicable policy guidelines as amended from time to time, including but not limited to Leave of Absence policy, “Family and Medical Leave of Absence” (“FMLA”) policy and Reasonable Accommodation policy, or as otherwise required by law. Such leave will be granted only after Resident has exhausted all of his/her other paid time off benefits. The necessity for make-up time and/or additional training will be determined by the Program Director, consistent with policies promulgated by the AOACOPT, the ACGME, the APA or the CPME, as applicable. Access to information concerning certification eligibility by the relevant organizations can be accessed by Resident through each organization’s website: ACGME (www.acgme.org); AOA (www.osteopathic.org); APA (www.apa.org), ABMS (www.abms.org); (www.apma.org).
- (e) Hospitalization, medical, dental, and optical insurance for Resident and his/her dependents in accordance with Hospital’s benefit policies, as amended from time to time and subject to such payments by Resident as may be required under such policies. Resident may refer to the applicable benefit plan documents for a description of current benefits. Coverage will begin on the first recognized day of their program.
- (f) Term life, short term and long-term disability insurance in accordance with Hospital’s benefit policies, as amended from time to time and subject to such payments by Resident as may be required under such policies. As of January 1, 2010, any new Resident admitted to the Program will not be eligible for long term disability insurance coverage.
- (g) Professional liability insurance, which will cover Resident solely while performing his/her duties and responsibilities hereunder, and will be provided in accordance with Hospital’s policies governing similarly situated residents, as amended from time to time. Such liability coverage includes legal defense and protection against awards from claims reported or filed after the completion of the Program, if the alleged act(s) or omission(s) of Resident are within the scope of the Program. An extended reporting period, *i.e.*, tail

coverage, may be provided by Hospital, at Hospital's sole discretion, upon request by Resident.

- (h) Worker's Compensation Insurance, consistent with Michigan law and Hospital's benefit policies, as amended from time to time.
- (i) Three lab coats in the first year with an additional one lab coat each subsequent year.
- (j) Laundry services are provided only for hospital scrubs. The scrubs are obtained through the Hospital's Pyxis System.

[NOTE: The information contained in this Exhibit D is in summary form and is current as of the Effective Date. These benefits are subject to change from time to time at the discretion of Hospital.]

4814-6540-3062, v. 1

Signature Certificate

Document Ref.: TIEU6-XBHVJ-S5R8Q-YVWUZ

Document signed by:

	Ahmed Elzein Verified E-mail: ahmedelzein92@gmail.com IP: 50.228.206.180 Date: 22 Jun 2020 18:27:21 UTC	 
	Christopher Palazzolo Verified E-mail: christopher.palazzolo@ascension.org IP: 199.178.222.51 Date: 23 Jun 2020 13:16:47 UTC	 
	Barbara Pawlaczyk Verified E-mail: barbara.pawlaczyk@genesys.org IP: 204.80.212.1 Date: 24 Jun 2020 15:56:50 UTC	 

Document completed by all parties on:
24 Jun 2020 15:56:50 UTC

Page 1 of 1



Signed with PandaDoc.com

PandaDoc is the document platform that boosts your company's revenue by accelerating the way it transacts.



EXHIBIT 23

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From: Barbara Pawlaczyk <[REDACTED]>
Sent: Thursday, November 19, 2020 2:18 PM
To: Andrew Vosburgh; Barbara Pawlaczyk
Subject: Dr. Elzein, app on Nov 23, 2020
Attachments: Dr. Elzein-feedback from IM faculty November 2020.pdf; Dr. Elzein - Nov 11 2020, residents' feedback.pdf; Dr. Elzein-semiannual feedback October 12, 2020 PGY 1.pdf; Dr. Elzein - evals from seniors fall 2020.pdf; PD Touch Base with Dr. Elzein October 7 2020.pdf; Remediation Plan - A. Elzein, MD 2020.pdf; Dr. Elzein-video feedback Sept 30, 2020.pdf; Dr. Elzein milestone fall 2020 PGY 1.pdf; Dr. Elzein-evaluations from attendings fall 2020.pdf

Dear Dr. Vosburgh,

Please see the information below re:

Ahmed Elzein, MD
 DOB [REDACTED], 1992

Graduated from University of Khartoum Faculty of Medicine in Sudan (Sept. 2016).
 2017-2019 - had some volunteering experience in various hospitals and other health care settings in MI, Indianapolis and California
 Hobbies-"volunteering, travel, playing soccer"

USMLE exams (usually the pass score is 199-209)
 Step 1 - 220
 Step 2 - 230 (no Step 2 clinical exam)

Residency: Internal Medicine Residency, AGH, started July 1, 2020

Dr. Elzein's training started on July 1st, however he joined current PGY 1 group in June, during the second week of the interns' orientation. He was offered a position in our program late June when we had an unexpected opening. Because of this delay, he did a research rotation the first week of his training. By the second week all required documents were updated and he started his anesthesiology rotation.
 By October 2nd, he did the following rotations: Research/Anesthesiology, SICU, IM staff and 2 weeks of Women's Health.

Since the beginning of his training Dr. Elzein has been described as "shy", "quiet", "behind", "awkward", "needing a lot of continued supervision, repeated directions (patients' care and administrative aspects of the program), and having "poor medical knowledge". It was very obvious that he was significantly behind his peers.

Initially we thought that Dr. Elzein's performance could have been explained by his education (graduated from a foreign medical school), lack of hands-on clinical experience (2016-2020), his introverted personalities and cultural differences. I have met with him several times in the first 3 months. These were informal meetings so unfortunately I did not document my every encounter with him, however every time we have discussed his experience in the program, needs, areas that I and faculty could help with. Every time he said that he was doing well and he did not have any questions. We discussed the difference between his training back home and in US, as well as the cultural differences (ie: for a student in Sudan, it is unheard of to ask professors any questions). Since the beginning of his training Dr. Elzein was provided proper supervision and support and was assured that everyone in the program has his best interest in mind and will help him to adapt and advance in his training. I held a formal mentor meeting with him in September 2020.

Rotations:

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Anesthesiology rotation - we have not received any feedback yet.

SICU rotation - please see attached evaluations; Dr. Elzein required "almost to be led by hand" on daily basis; he showed improvement by the end of the 4 week rotation; he seemed overwhelmed and withdrawn during this rotation

IM staff - Please see attached evaluation; I noticed that he was less stressed out, did not seem to be so apprehensive during my meetings with him

Women's Health, 2 week rotation - please see evaluation from Dr. Powers. Dr. Powers (OB attending) called me on October 2nd concerned with Dr. Elzein's behaviour ("awkward") and physical exam skills ("not able to do any exam, especially a sensitive exam").

I immediately contacted Dr. Elzein and asked him to be in the clinic on Monday, October 5th (instead of the ultrasound rotation).

Since that time, Dr. Elzein has been put on a remediation plan. He has been working mainly with IM core faculty, mainly Dr. Sandy.

Deficiencies in following milestones were noted:

As described in the remediation plan, we have noticed an area for improvement almost in every milestone, including **professionalism**. Dr. Elzein comes across as a very polite, mellow, introverted, avoiding eye contact. Initially he was tardy every time he was scheduled to be in the clinic despite the individually repeated education and reminders. He always was giving the same explanation - "trouble with cars", however he has been using the same car to get to the hospital and he has been able to get there on time despite the earlier (6AM) than clinic start (7:30AM time). He also was noted to "fabricate" patients' information when asked for details (ie: said that pt is non-smoker even though there was documentation in the chart that the patient was a smoker).

Medical Knowledge - 52 % on ACP ITE exam (class average 61%)

He failed FCCS course (critical care course) despite taking the same exam twice. He was given extra time to remediate and told us that he felt like he was ready to retake the exam, however he failed it the second time.

Patients' care - has been suboptimal secondary to the gaps in medical knowledge and frequent inability to apply his medical knowledge in patients' care (ie: unable to list a differential diagnosis or formulate a treatment plan) as well as **communication and interpersonal skills**.

System based practice - this is more pertinent to the basic information about the program and hospital policies (ie: he would not know what time should he be in the clinic, where should he report for a rotation, etc. This information is available in IM manual and was provided to him and other interns. Every other intern knew what the expectations were.)

Since the remediation plan started (October 5, 2020) he was noted to have some improvement in his awareness of the expectations and patients' care until Nov 11 when I had to escort him to ED for further evaluation. On Nov. 11, 2020 residents called me concerned with Dr. Elzein's paranoid behaviour (he called security to check his locker to make sure that there is no bomb there. He told me that he saw a "man without a badge coming to the interns' room and putting something in a locker". He was videotaping other residents to make sure that he had proof "for a later time" that they were planning to hurt him. He told me that "now since the election results are known, he needed to be more careful"). He did appear paranoid, constantly looking around himself and at the door as he was expecting someone to come in any time. He did not feel safe and was afraid that someone was going to hurt him. He initially was agreeable to go to ED, then refused (after talking to his "family friend"). Finally he decided to go voluntarily. I escorted him to ED together with one of the PGY 2 residents who has been with him that afternoon. I did stay with him until the room in ED was available and left shortly after that. Dr. Elzein asked me politely to leave ED. After I left, he initially refused to stay in ED but later on agreed and was transferred to inpatient psychiatric hospital.

Last week residents found a vape in their call room. I was told that Dr. Elzein said that it was his and he put it in his pocket.

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Dr. Elzein called me 2 days ago telling me that he left the hospital, felt much better and was told that he could come back to work on Nov.23, 2020. He also told me that he was going to see a psychologist this Saturday, Nov 21, 2020 to "discuss stress and coping skills".

Today he called a psychologist who works with us as a faculty (Dr. Kirkpatrick).

I was told that he had an appointment with you on Nov 23, 2020 and he was already informed about this appointment by your staff.

Please let me know if you need any more information or have any questions. I can be reached at 248- [REDACTED].

Sincerely,
Barbara Pawlaczyk, MD, FACP
Program Director
Internal Medicine Residency Program
Ascension Genesys Hospital
810-606-5000